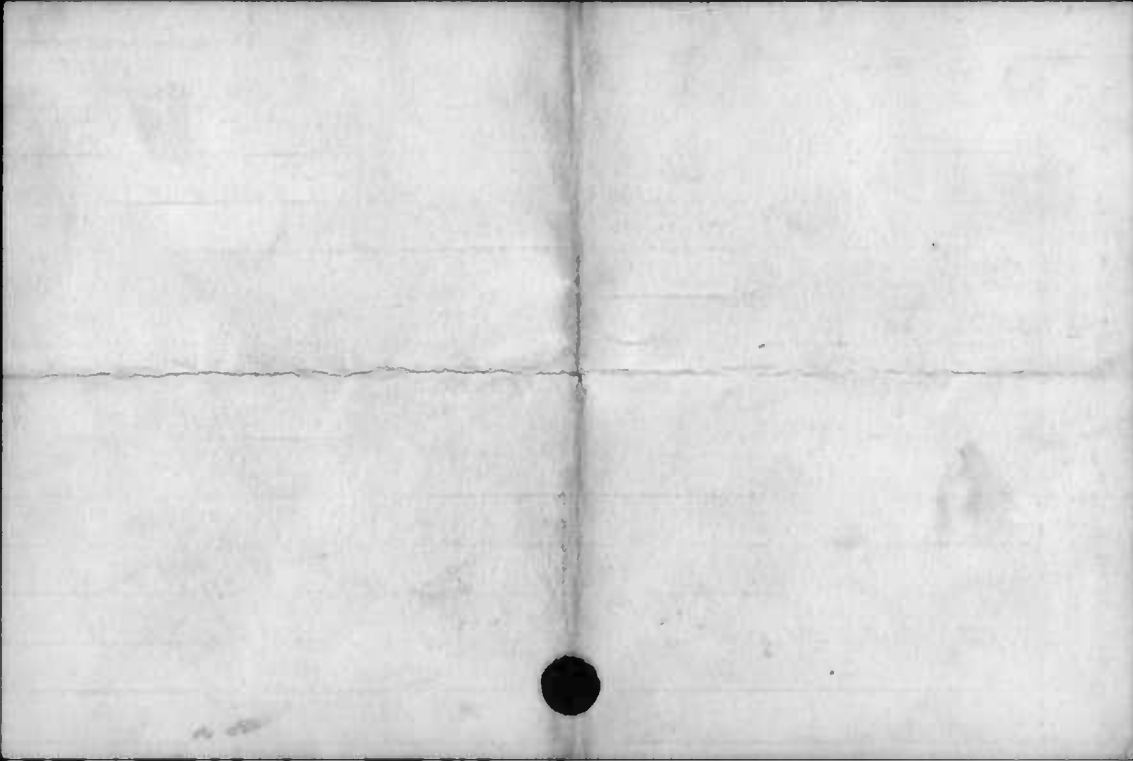


Name in Full George acwood		Town Annapolis md		County A. A. Co		CERTIFICATE OF DEATH	
Died at Annapolis md		MAYLAND					
Date of death 1909		Month Sept		Day 26		Age 27 yrs	
Sex Male		Color or Race Colored		Birth-place Annapolis md			
Occupation Labour		Where Residing if not at place of death 38 beamol alley					
Married, Single or Widowed Widowed		Name of Wife or Husband Annie Herberton					
Father's Name Moses acwood		Father's Birthplace A. A. Co Md					
Mother's Maiden Name Katie Hammond		Mother's Birthplace A. A. Co Md					
Name of person giving information John acwood		How related to deceased Brother					
		CAUSES OF DEATH		104			
Primary Cerebral Hypertension		How long 3 months					
Immediate Cardiac Failure		How long 20 minutes					
Are the name, age, sex, color, date and place correctly given above? no		Signature of Physician R. P. [Signature]		Address 60 Cathedral St			
Accident or Suicide? no							



Name
in
Full

Wladyslaw. Alexanzya

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

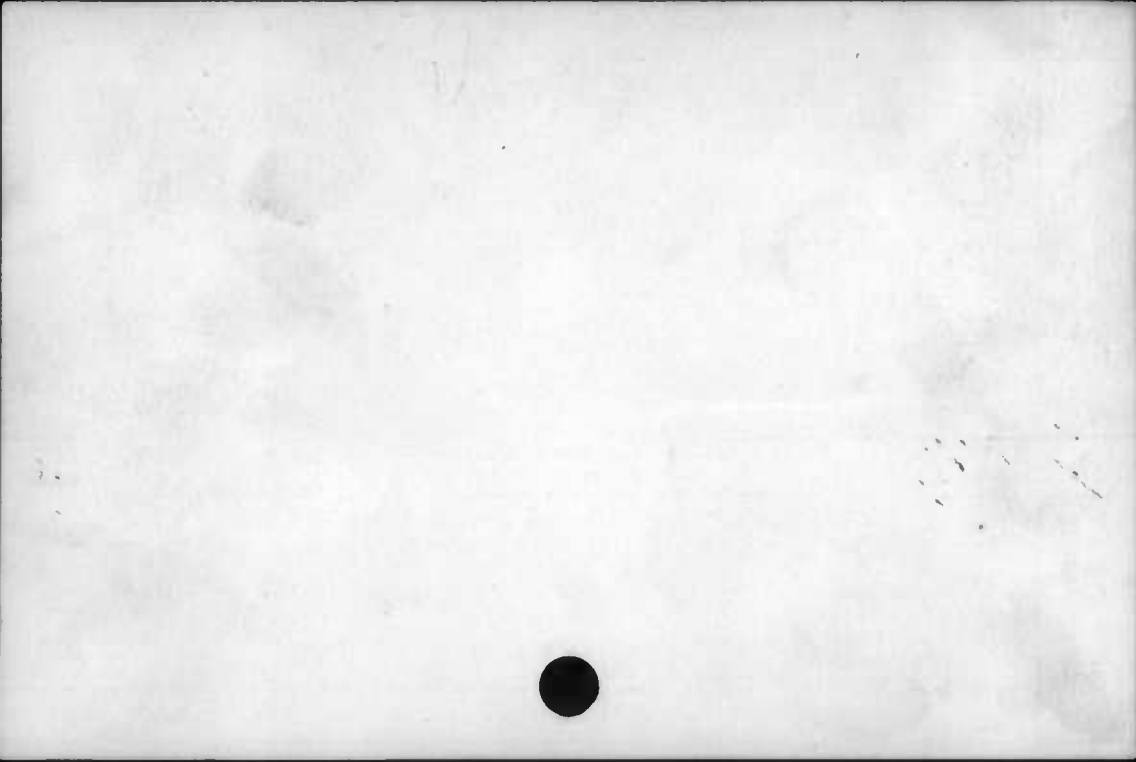
Died at <i>Wagners Point</i> <small>Town</small>		<i>aa</i> <small>County</small>		<i>Co</i>		MARYLAND	
Date of death <i>1909</i>		<i>Sept.</i> <small>Month</small>		<i>14</i> <small>Day</small>		<i>1</i> <small>Years</small>	
<i>Male</i> <small>Sex</small>		<i>White</i> <small>Color or Race</small>		<i>Wagners, Pt</i> <small>Birth-place</small>		<i>3</i> <small>Months</small>	
<i>Infant</i> <small>Occupation</small>		<i>Wagners Pt</i> <small>Where Residing if not at place of death</small>					
<i>Single</i> <small>Married, Single or Widowed</small>		<i>_____</i> <small>Name of Wife or Husband</small>					
<i>Frank Alexanzya</i> <small>Father's Name</small>				<i>Poland</i> <small>Father's Birthplace</small>			
<i>Eva Annos</i> <small>Mother's Maiden Name</small>				<i>Poland</i> <small>Mother's Birthplace</small>			
<i>Frank Alexanzya</i> <small>Name of person giving information</small>				<i>Parent</i> <small>How related to deceased</small>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

<i>Marasmus</i> <small>Primary</small>		<i>How long</i> <i>2 weeks</i>	
<i>yes</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>		<i>M. J. Galt, M.D.</i> <small>Signature of Physician</small>	
<i>no</i> <small>Accident or Suicide?</small>		<i>111 Broadway</i> <small>Address</small>	



Name
in
Full

CERTIFICATE OF DEATH

Anna cost-

Town

County

MARYLAND

Died at

Annapolis

A.A.

Date

of death

1909 Sept: 11

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Annapolis

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joseph. Annacost.

Father's
Birthplace

Baltimore Co. Md.

Mother's
Maiden Name

Alice Smith

Mother's
Birthplace

Howard Co. "

Name of person giving
Information

Jos. Annacost.

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. J. Murphy
Ann. P. St.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

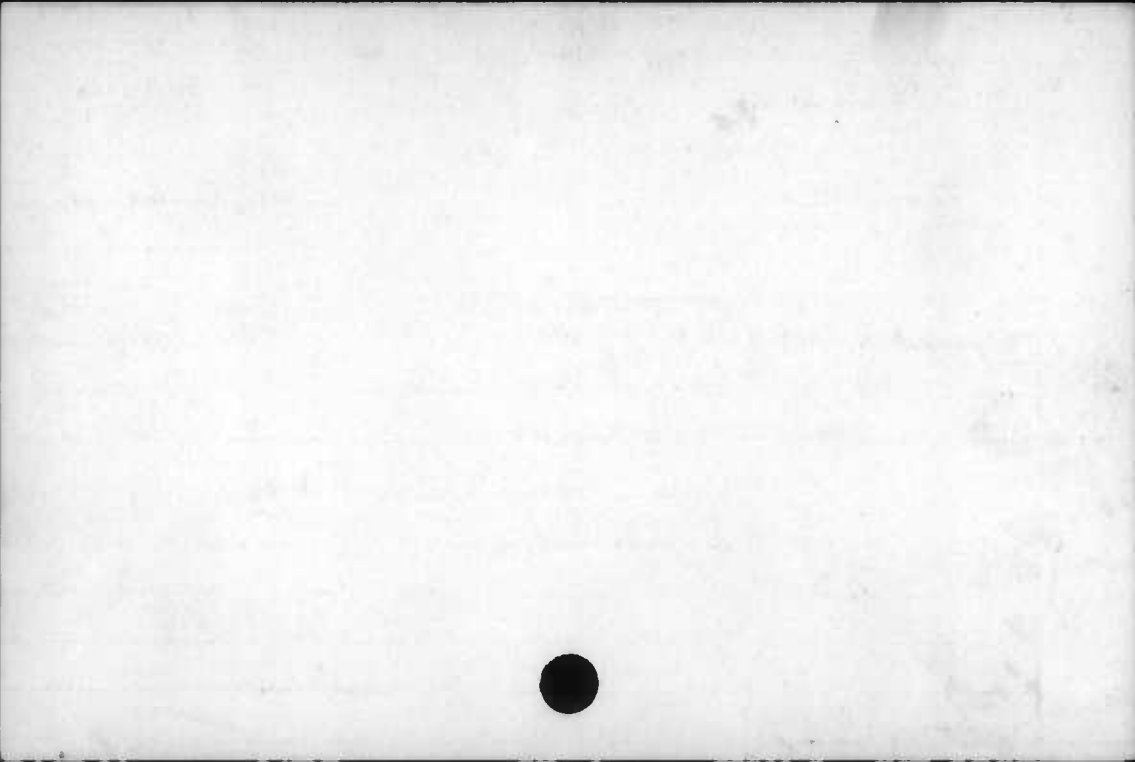
Died at <i>Arnold</i> Town <i>Barstley</i> County		MARYLAND			
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>22nd</i>	Age <i>36</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>BLK</i>	Birth-place <i>Richmond Va</i>			
Occupation <i>Domestic</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>—</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>Va.</i>				
Name of person giving information <i>Alice Trimble</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long <i>X</i>
Immediate <i>cerebral apoplexy</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos C Joyce M.D.</i>
	Address <i>Arnold Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Beckinski

Town

County

Died at

So. Batts-

a. a-

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death

1909 Sept

2

Age

—

—

4

Sex

Male

Color or
Race

White

Birth-
place

So. Batts, Md.

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Roman Beckinski

Father's
Birthplace

Poland

Mother's
Maiden Name

Alexandria Swatinkawitz

Mother's
Birthplace

Poland

Name of person giving
Information

Roman Beckinski

How related
to deceased

Father

15

CAUSES OF DEATH

Primary

Infantile Convulsions

How long

2 hours

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

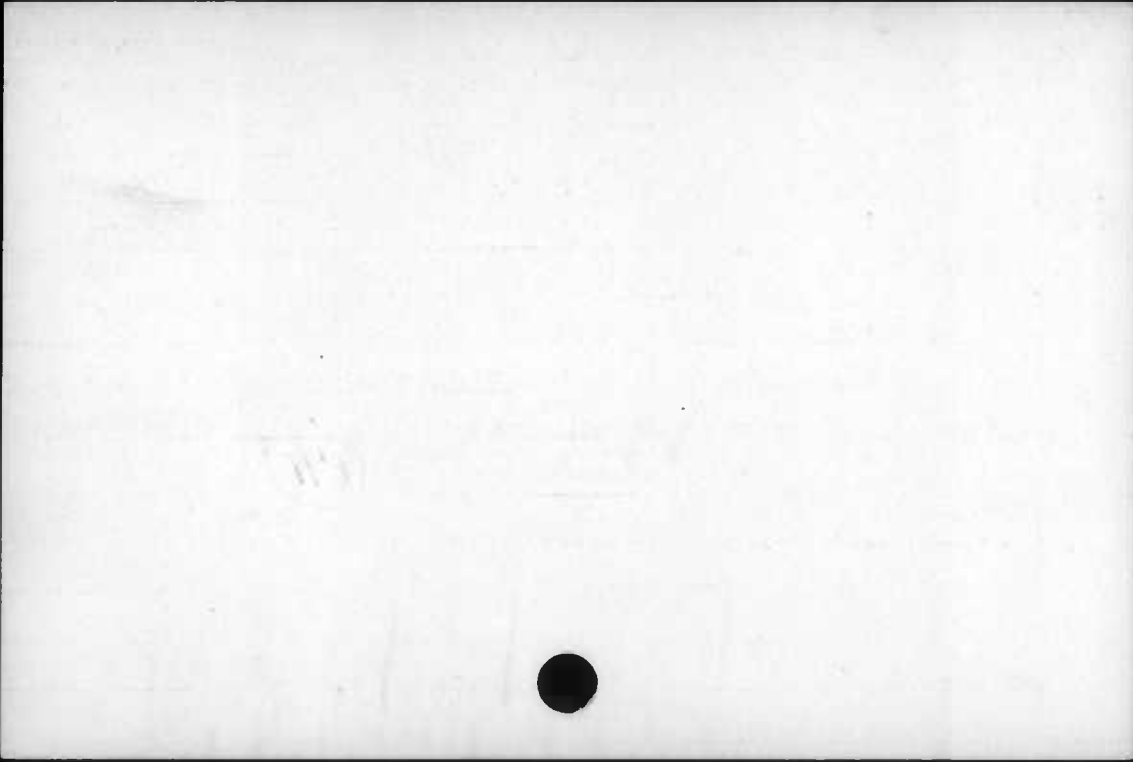
yes

Signature of
PhysicianThos. B. Norton M.D.
So. Batts, Md.

Address



Accident or Suicide?



Name
in
Full

Ernest Reedy

CERTIFICATE OF DEATH

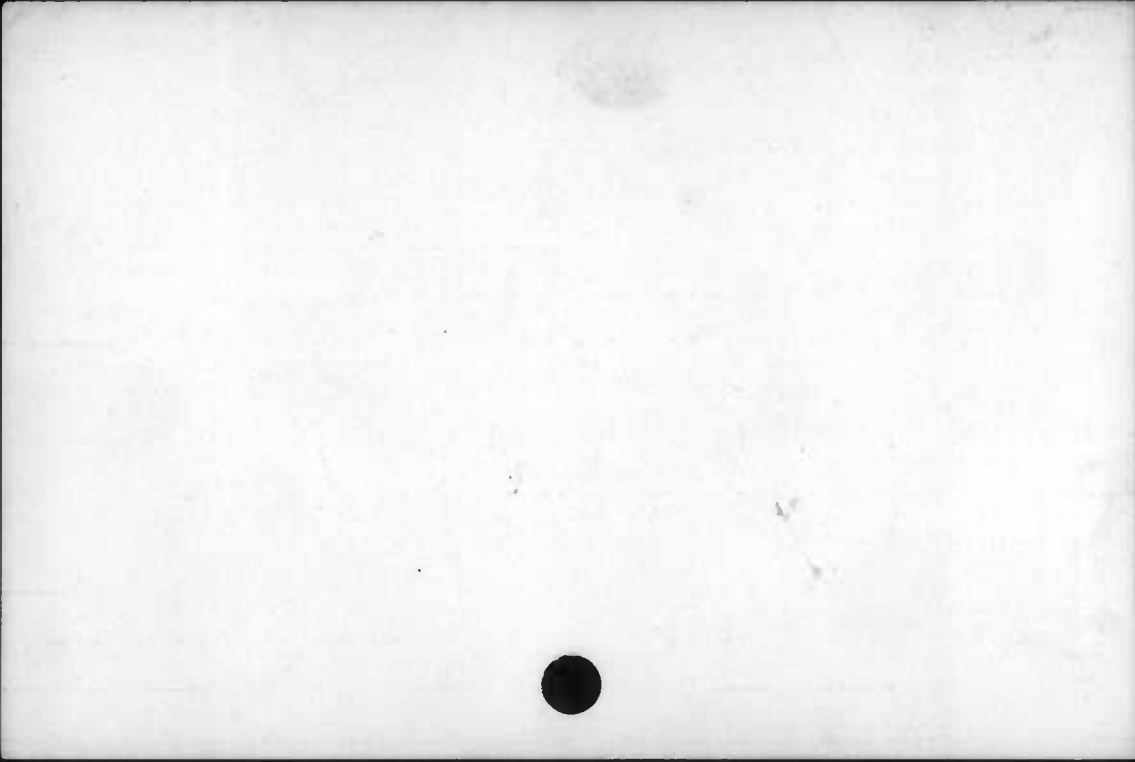
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1909	Month	Sept.	Day	13th	Age	21
Sex	Male	Color or Race	Black	Birth-place	Md	Months	
Occupation	Subor	Where Residing if not at place of death		at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Nathan Reel			Father's Birthplace		Md	
Mother's Maiden Name	Unknown			Mother's Birthplace			
Name of person giving information	H. E. Bell			How related to deceased		brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ly phos	How long	3 weeks
Immediate	thelunit	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. P. Pyney
		Address	Laurel Md
Accident or Suicide?	no		



Name
in
Full

Mildred Blackston

CERTIFICATE OF DEATH

Town

County

Died at

Annapolis Md

a. a. c. d

MARYLAND

Date

of death 1909

Month

Sept

Day

17

Age

Years

Months

1 mo

Days

Sex

female

Color or
Race

Colored

Birth-
place

Annapolis Md

Occupation

Where Residing if not
at place of death

Monument st

Married, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

John Blackston

Father's
Birthplace

Carey whis m

Mother's
Maiden Name

Fannie Parker

Mother's
Birthplace

Annapolis Md

Name of person giving
Information

Fannie Parker

How related
to deceased

mother

CAUSES OF DEATH

Primary

Congenital debility
& exhaustion

How long

151 17 days

Immediate

How long

32 days

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

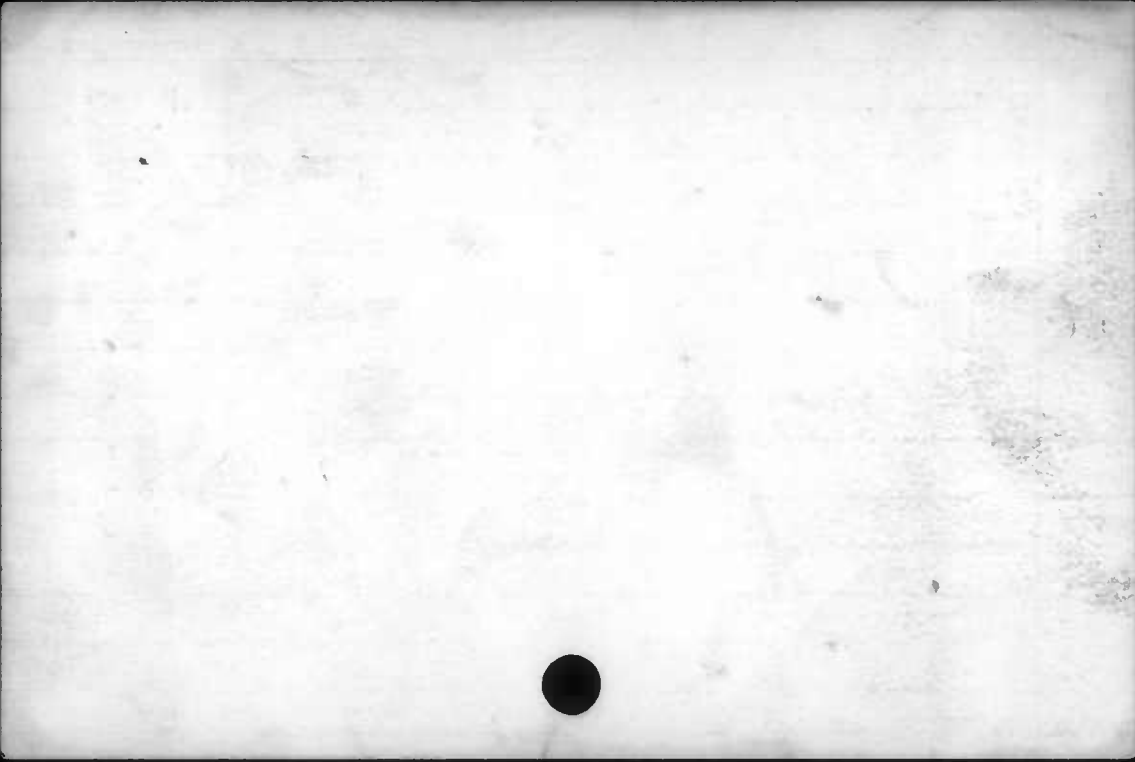
Address

Dr. S. K. Keesey
600 E. 1st St
Annapolis

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin Boston

Town

County

Died at South River

Anne Arundel

MARYLAND

Date

1909

Month

Sept

Day

20th

Age

Years

17

Months

3

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Anne Arundel Co.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah Boston

Mother's
Birthplace

Maryland

Name of person giving
Information

William Boston

How related
to deceased

Uncle

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Phthisis

How long

10 months

Immediate

Emphysema

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John Collins

Address

South River

Accident or Suicide?

M.D.



Name
in
Full

CERTIFICATE OF DEATH

John Henry Bowie

Died at *Admiral* 1

County *Anne Arundel*

MARYLAND

Date of death 1909 9 19

Age 45

Sex *male*

Color or Race *colored*

Birth-place *Bowie P. O. to Md*

Occupation *laborer*

Where Residing if not at place of death

Boalsville Howard Co.

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Jonathon Bowie*

Father's Birthplace *not known*

Mother's Maiden Name *Munity Henson*

Mother's Birthplace *not known*

Name of person giving Information

How related to deceased *sister*

Struck by trolley of W. B. & A. Electricity

CAUSES OF DEATH

166

Primary *from shoulder to point was crushed*
shoulder broken & jaw cut.

Immediate *About 3 minutes*

How long

How long

3 minutes

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Lester R. Draney J.P.

Address

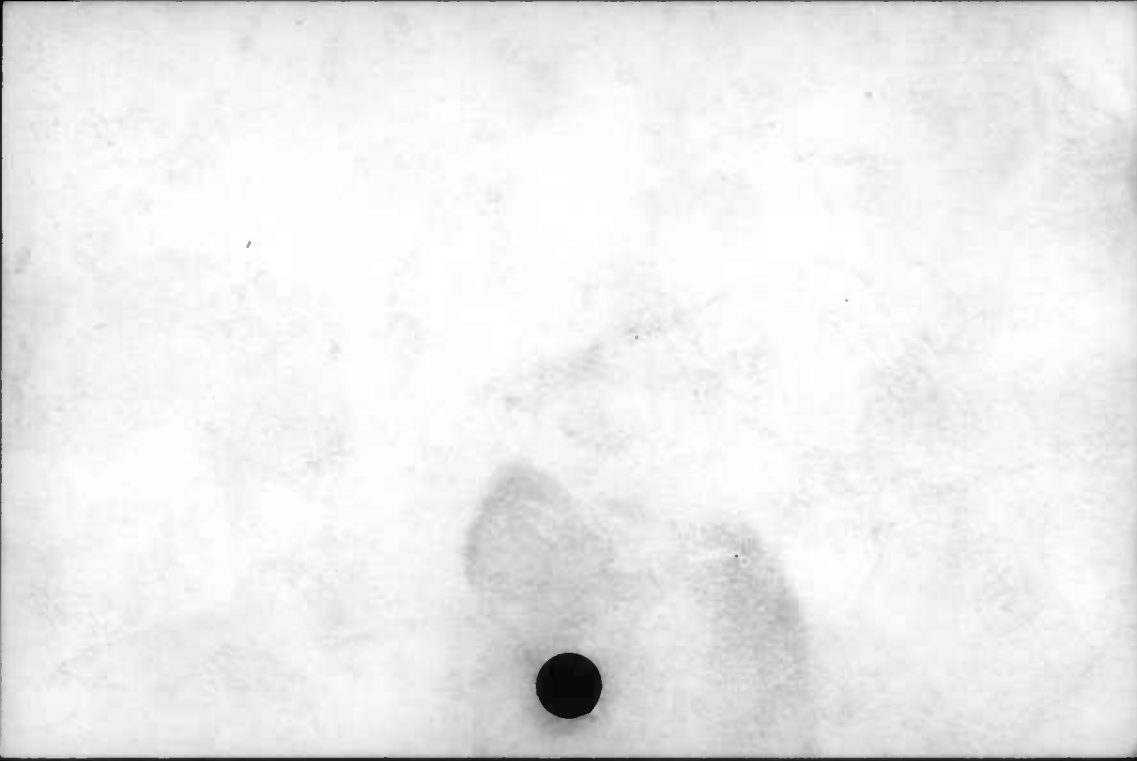
Odenton A & Co

Md.

Accident or Suicide *Accident RR*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
JUDGE CORONER



Name
in
Full

Henry Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

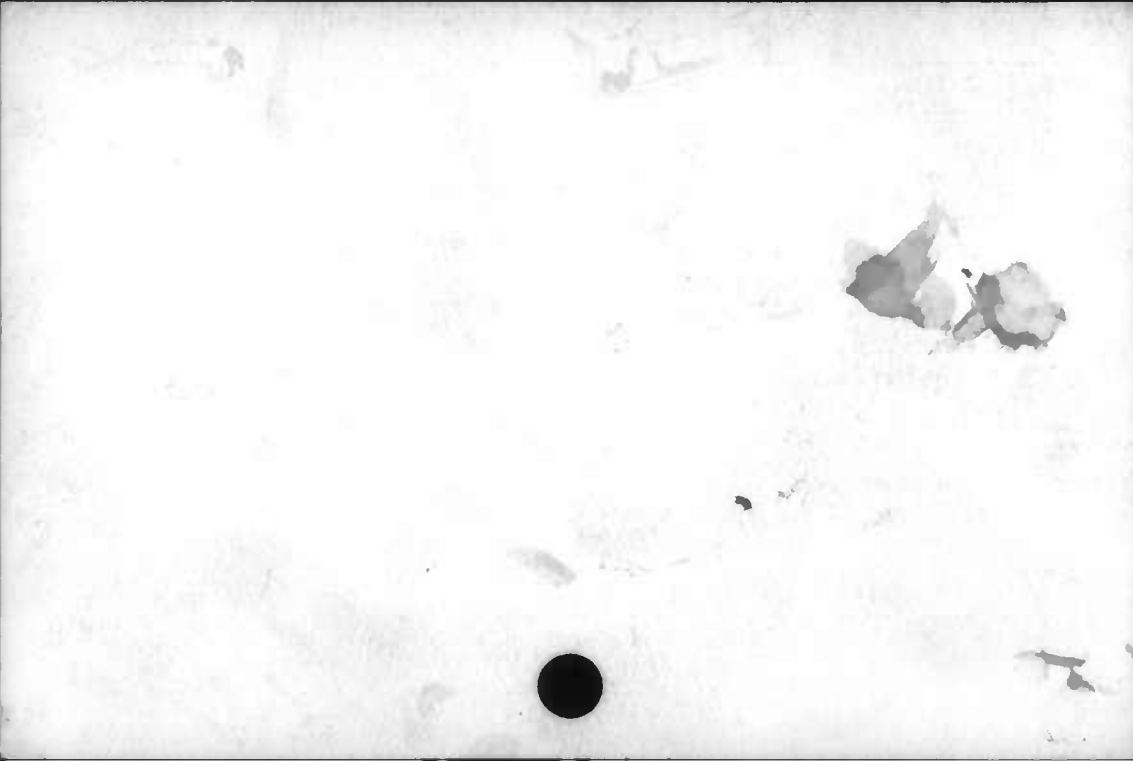
Died at		Annapolis		A. A.		County		MARYLAND	
Date of death		1909	Sept	3.	Age	—	Months	2.	Days
Sex		Male		Color or Race		Colord		Birth-place	
Occupation		unknown		Where Residing if not at place of death		142. South St.			
Married, Single or Widowed		Single		Name of Wife or Husband		unknown.			
Father's Name		William Brown				Father's Birthplace		Annapolis Md	
Mother's Maiden Name		Grace Garrison				Mother's Birthplace		South River Md	
Name of person giving information		William Brown				How related to deceased		Father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Since Birth
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Yes		John Ricout	
Address		Annapolis Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

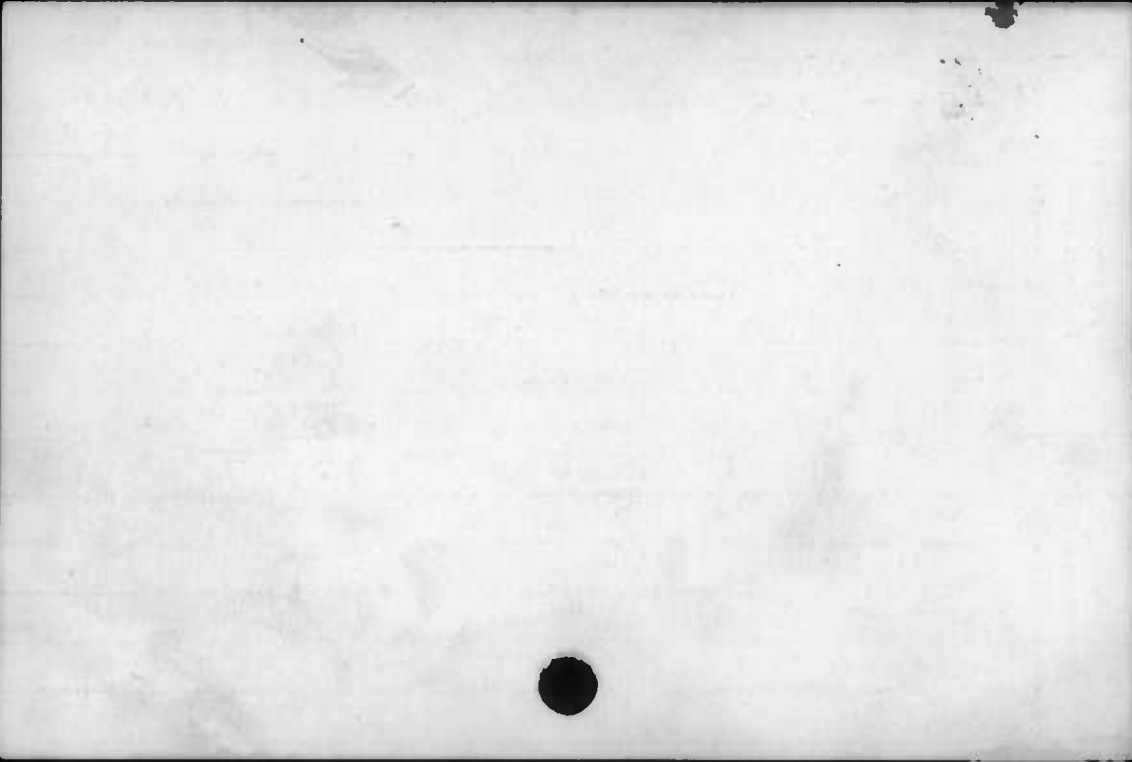
Name in Full <i>William H. Brown</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Month <i>Sept</i>		Day <i>27</i>		Years <i>45</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Cook</i>		Where Residing if not at place of death <i>33 West St.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lula Robinson</i>					
Father's Name <i>Jas W. Brown</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Abreea Holland</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Jas W Brown</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

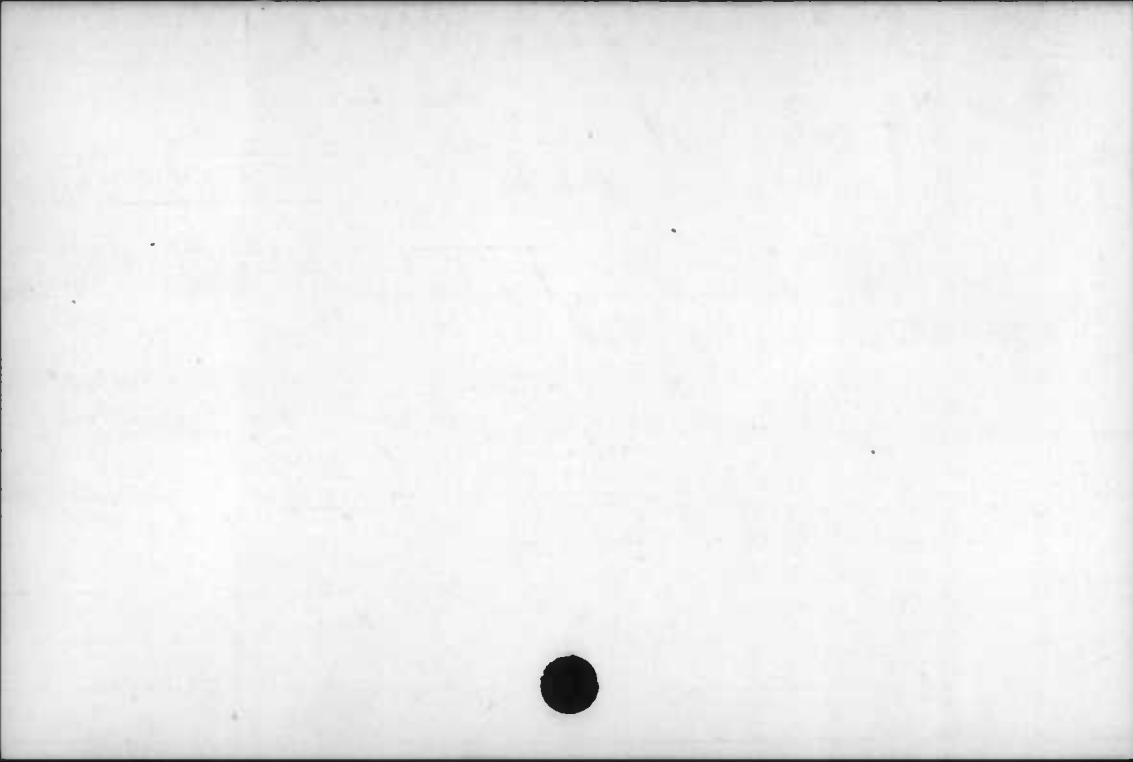
104

PHYSICIAN
OR CORONER

Primary	<i>Acute Gastritis (Indigestion)</i>	How long	<i>8 hours</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>One half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>V. P. Keele</i>	
		Address <i>60 Cathartes St. Annapolis Md.</i>	
Accident or Suicide? <i>No</i>			



Name in Full		Orleana Bugdonovitch				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	So. Balto		a. a.		MARYLAND		
	Date of death	1909	Sept	11	Age	—	Months 3 Days —	
	Sex	Female		Color or Race	white		Birth-place	
	Occupation	—		Where Residing if not at place of death		—		
	Married, Single or Widowed	—		Name of Wife or Husband		—		
	Father's Name	John Bugdonovitch				Father's Birthplace	Russia	
21	Mother's Maiden Name	Josefa Zalirsky				Mother's Birthplace	Russia	
	Name of person giving information	John Bugdonovitch				How related to deceased	Father	
	CAUSES OF DEATH						105	
	Primary	Entero-Colitis					How long	2 weeks
PHYSICIAN OR CORONER	Immediate							
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	Jos. B. Horton M.D.
							Address	So. Baltg. Md.
	Accident or Suicide?							



Name
in
Full

Lavenia balbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept	3 rd	12	yr		
Sex	Female		Color or Race	col		Birth-place	Annapolis
Occupation	child			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Fether's Name			Richard balbert			Fether's Birthplace	
						At At Co	
Mother's Maiden Name			Mary balbert			Mother's Birthplace	
						At At Co	
Name of person giving Information			Grand Mother			How related to deceased	

CAUSES OF DEATH

119 X

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	Several weeks
Immediate	Memia Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout	
		Address	
		Annapolis	
		Md	
Accident or Suicide			

2/11 am. 2/11 - 676

Father - 1.48 - 1.4

Mother - 7-30 - 1.4

Saturday - 2-30

Sunday - 2-30

Monday - 2-30

Tuesday - 2-30

Wednesday - 2-30

Thursday - 2-30

Friday - 2-30

Saturday - 2-30

Sunday - 2-30

Monday - 2-30

Tuesday - 2-30

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Fether's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

Broad Neck. Cent.

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide	



Name in Full Richard A. Cook		CERTIFICATE OF DEATH	
Died at Solley <small>Town</small>		County a. a.	
Date of death 1909 Sept 2 <small>Month Day</small>		Age 6 <small>Years</small>	
Sex male		Color or Race Black	
Occupation —		Birth-place A. A. G. Md	
Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —	
Father's Name Hazel Hackett		Father's Birthplace Va	
Mother's Maiden Name Bertha Cook		Mother's Birthplace A. A. G. Md	
Name of person giving information Bertha Hall		How related to deceased mother	
16		CAUSES OF DEATH	
Primary Cardiac Asthma		How long One month	
Immediate Heart Failure		How long at once	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Thos. B. Horton M.D.	
		Address So. B. B. G. Md.	
Accident or Suicide? —			



Name
in
Full

Edward Deal.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>A-A-</i>		County		MARYLAND	
Date of death <i>1909. Sept.</i>		Month		Day <i>30.</i>		Age <i>—</i>		Years	
Sex <i>Male</i>		Color or Race <i>Colord</i>		Birth-place <i>Annapolis</i>		Months <i>7.</i>		Days <i>—</i>	
Occupation <i>unknown.</i>		Where Residing if not at place of death <i>29 Monument Street</i>							
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>Edward Deal</i>		Father's Birthplace <i>Annapolis</i>							
Mother's Maiden Name <i>Mattie Anderson</i>		Mother's Birthplace <i>Annapolis</i>							
Name of person giving Information <i>Mattie Anderson</i>		How related to deceased <i>Mother</i>							

CAUSES OF DEATH

Primary

*Marasmus
Exhaustion*

(179)

How long

179 Months

How long

Gradual

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*John H. Ridout
Annapolis Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full *Still Born Baby of Samuel Door*

CERTIFICATE OF DEATH

Died at *Hamwood* *P P Co* **MARYLAND**

Date of death 190 *9* Sept *28* Age *28* Months Days

Sex *Female* Color or Race *White* Birth-place *P P Co Md*
Occupation _____

Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Samuel Door*

Father's Birthplace *P P Co Md*

Mother's Maiden Name *Cora Walker*

Mother's Birthplace *Calvert Co Md*

Name of person giving Information *Samuel Door*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Uremia of Nephritis*

How long _____

Immediate _____

How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

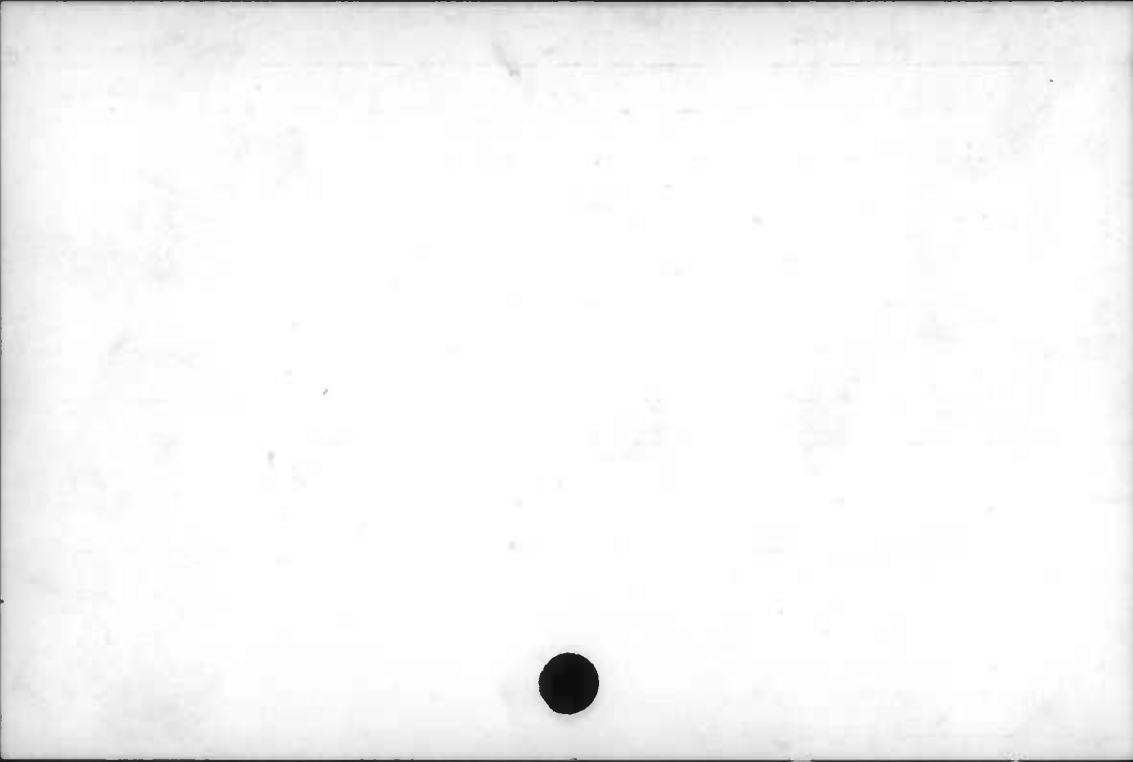
Yes

Master Cawood
West River
Md

Accident or Suicide _____

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Dorsey* County *Anne Arundel*

Died *on Farm of Mrs Thomas* *Anne Arundel* MARYLAND

Date of death 190*9* Month *Sep* Day *7* Age (about) *50* Years Months *—* Days *—*

Sex *Male* Color or Race *negro* Birth-place *Balti City (Supplined)*

Occupation *Laborer* Where Residing if not at place of death *Permanent home Balti City Md*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *G. G. Jenkins* How related to deceased *None*

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary *Epilepsy* How long *Unknown* years

Immediate *Epileptic fit* How long *Found dead,*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Michael D. Dwyer*

Address *Justice of the Peace Election R. F. D. No. 1. A. C. Md*

Accident or Suicide *Natural Cause*



Name
in
Full

CERTIFICATE OF DEATH

Albert Ede.

Town

County

Died at

Arnolds

P. O.

A. A. Co. Md

MARYLAND

Date

of death

1909

Month
Sept

Day

15

Age

Years

Months

Days

3

Sex

Male

Color or
Race

Colored

Birth-
place

A. A. Co.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Ede

Father's
Birthplace

A. A. Co.

Mother's
Maiden Name

Emm Eay

Mother's
Birthplace

A. A. Co.

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

92

Primry

Bronchitis

How long

15 days.

Immediate

Pneumonia

How long

1 1/2 days.

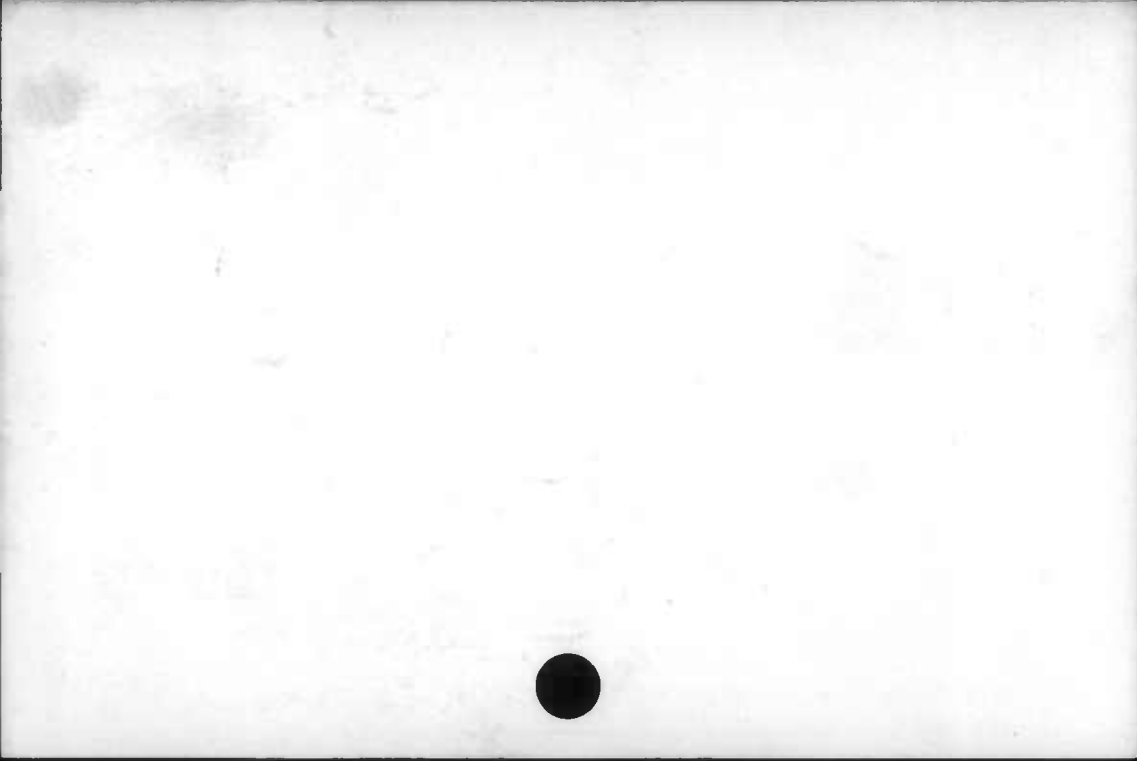
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Jos. E. Doyle M.D.
Arnolds Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

Hellen Evans.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Annapolis* Town *a-a* County *MARYLAND*

Date of death 1909 *Sept.* Month *5* Day *5* Age *—* Years *2* Months *—* Days

Sex *Female* Color or Race *Colord* Birth-place *Annapolis*

Occupation *—* Where Residing if not at place of death *126 Calvert St.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Thomas Evans* Father's Birthplace *Annapolis*

Mother's Maiden Name *Agnes Kirby* Mother's Birthplace *West River Md*

Name of person giving Information *Thomas Evans* How related to deceased *Father*

Brown Hill

CAUSES OF DEATH

*151*PHYSICIAN
OR CORONER

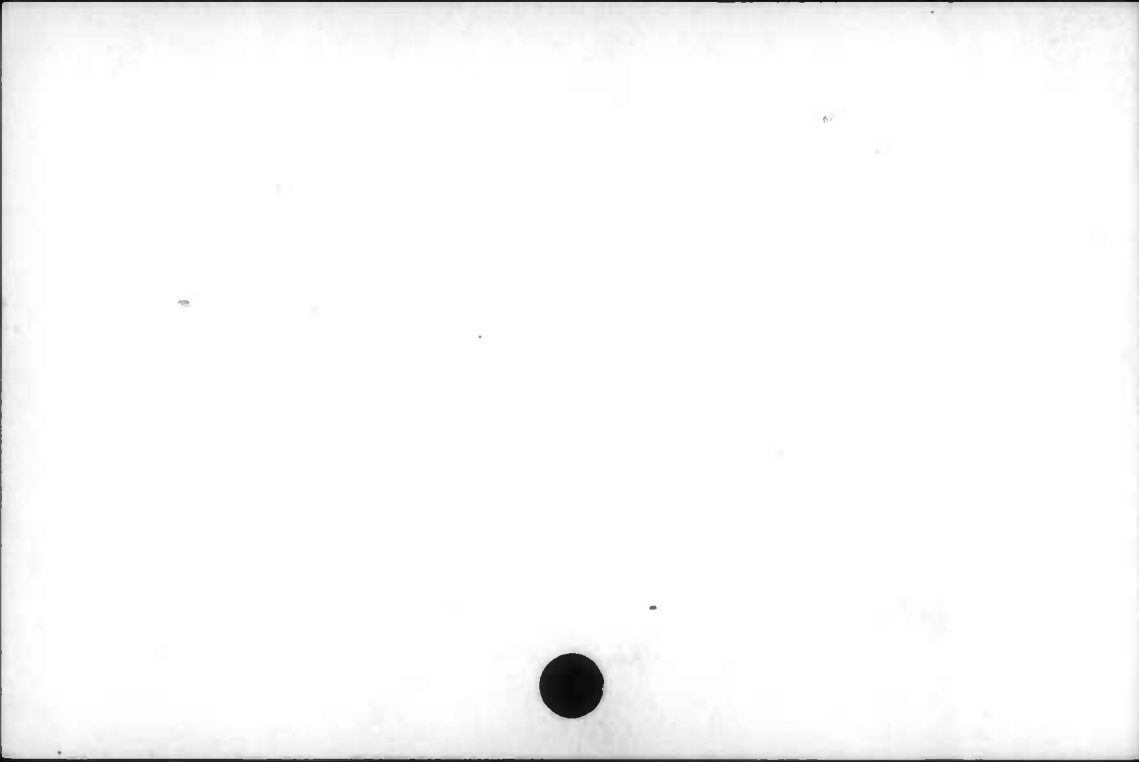
Primary *Marasmus* How long *Since birth*

Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John Ridout* Address *Annapolis Md*

Accident or Suicida



Name
in
Full

August Pratt Flood

CERTIFICATE OF DEATH

Died at Annapolis

Town

County

MARYLAND

Date of death 1909 Sept 20

Month

Day

Age

Years

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Annapolis

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

William J. Flood

Father's
Birthplace

New York

Mother's
Maiden Name

Nattie E. Pratt

Mother's
Birthplace

West Virginia

Name of person giving
Information

Nattie E. Pratt Flood

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Acute Enteric Colitis

How long

Two weeks

Immediate

Cardiac Asthenia

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Walter H. Hopkins M.D.
Annapolis Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

105



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Josephine Franklin

Died at ^{near} Bristol ^{Town}Anne Arundel ^{County}

MARYLAND

Date of death 1909 Sept. 7

Age 19

Months 4

Days

Sex Female

Color or Race Colored

Birth-place Anne Arundel Co.

Occupation Cook

Where Residing if not
at place of death

Married, Single or Widowed Single

Name of Wife or
Husband

Father's Name Joseph Franklin

Father's Birthplace A. A. Co.

Mother's Maiden Name Susan Franklin

Mother's Birthplace A. A. Co.

Name of person giving
Information Charles BrownHow related
to deceased Brother-in-law

CAUSES OF DEATH

Primary Pulmonary Tuberculosis

How long 9

Immediate General weakness

How long 1 week

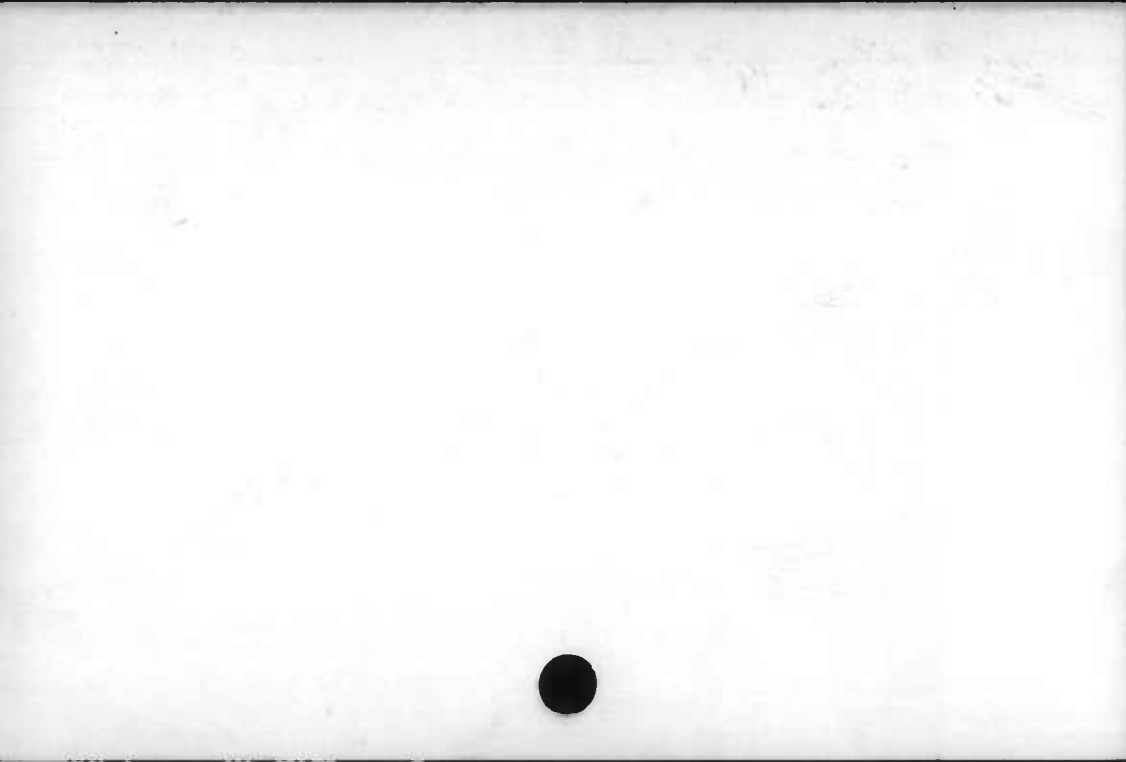
Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician

Address

Spring S. Chauncy M.D.
Bristol
Maryland

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Antonine Gimbitsky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at So. Balto. ^{Town} A.A. ^{County} MARYLAND

Date of death 1909 ^{Month} Sept ^{Day} 8 ^{Age} 1 ^{Years} 8 ^{Months} — ^{Days} —

Sex male Color or Race White Birth-place So. Balto., Md.

Occupation — Where Residing if not at place of death —

Married, Single
or Widowed —Name of Wife or
Husband —Father's
NameJames GimbitskyFather's
BirthplaceRussiaMother's
Maiden NameTenia GaduskyMother's
BirthplaceRussiaName of person giving
In formationJames GimbitskyHow related
to deceasedFather

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

2 months

Immediate

Heart Failure

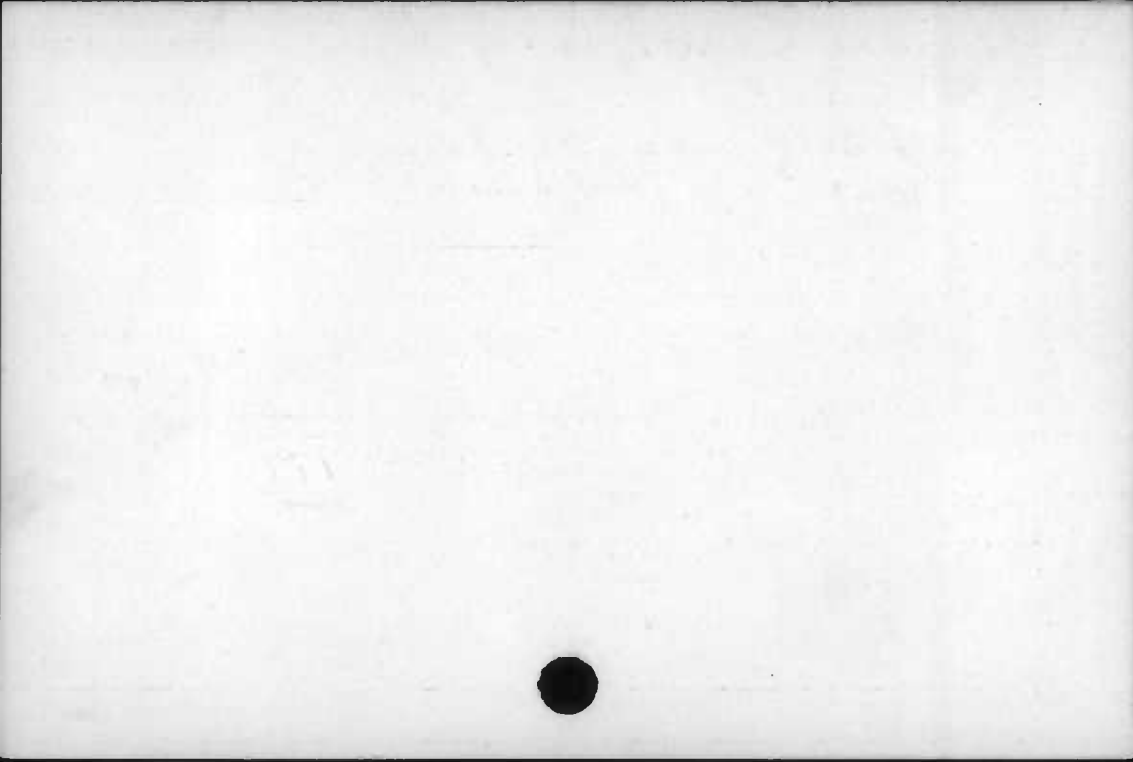
How long

ImmediateAre the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

Thos. B. Horton MD
So. Balto., Md.

Accident or Suicide?



Hester Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Birdville</i>		County <i>A. A.</i>		MARYLAND	
Date of death 190 <i>9</i> <i>Sept</i> , Month <i>Sept</i> , Day <i>20</i>		Age <i>Unknown</i>		Months Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>A. A. Co</i>	
Occupation <i>Servant</i>		Where Residing if not at place of death <i>Birdville</i>			
<u>Married, Single or Widowed</u>		<u>Name of Wife or Husband</u> <i>H. D. none</i>			

Father's Nema	<i>Unknown</i>	Father's Birthplace	<i>Unknown</i>
Mother's Maiden Nama	<i>Unknown</i>	Mother's Birthplace	<i>Unknown</i>
Nema of person giving Information	<i>Robert Wright</i>	How related to deceased	<i>Son-in-law</i>

CAUSES OF DEATH

154

How long

Primary Old Age

Immediate

Are the name, age, sex, color, data and place correctly given above? **Yes**

Signature of Physician

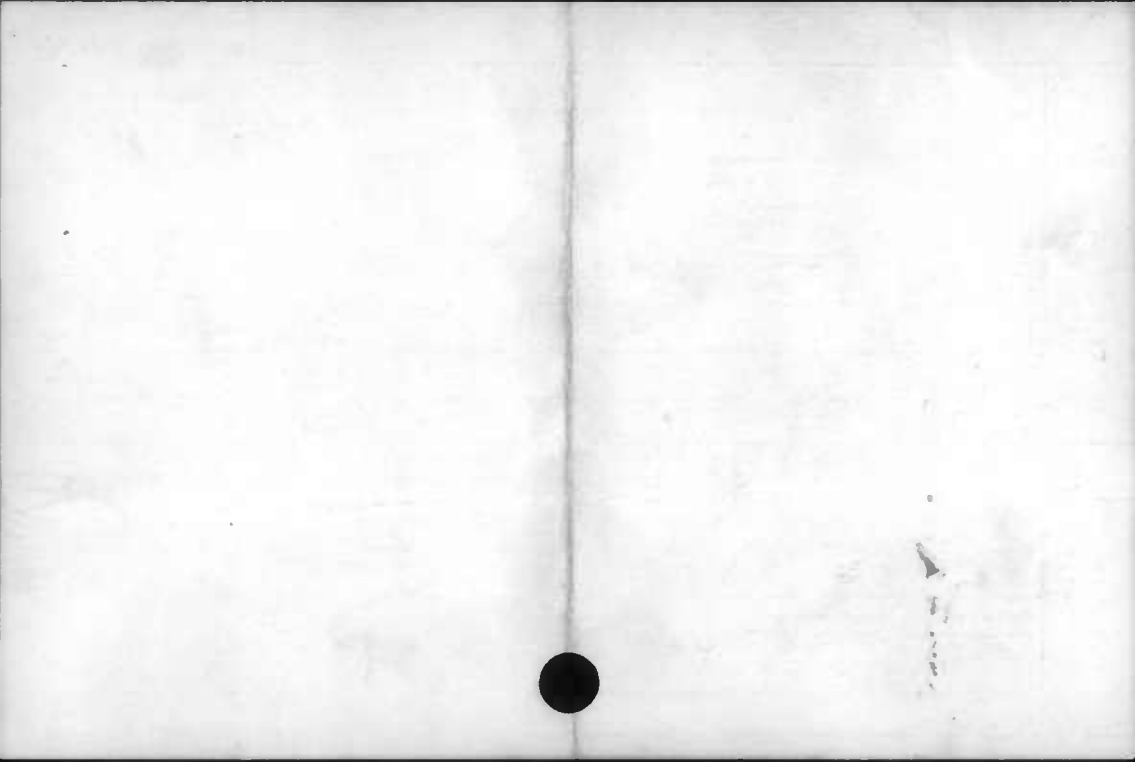
Addressee

The best that I can be

Accident or Suicide Suicide

How long 36 hrs

13/8/01 and then
Dairhony
2nd



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William C Herold
Town **Annapolis** County **Anne Arundel** **MARYLAND**

Died at **Annapolis** **Anne Arundel**

Date of death **1909** **Sept.** **12** Age **26** **6**

Sex **Male** Color or Race **White** Birth-place **Annapolis Md**

Occupation **Bricklayer** Where Residing if not at place of death **—**

Married, Single or Widowed **Single** Name of Wife or Husband **—**

Father's Name **George Herold** Father's Birthplace **Germany**

Mother's Maiden Name **Caroline Kline** Mother's Birthplace **Maryland**

Name of person giving Information **Charles Herold** How related to deceased **Brother**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

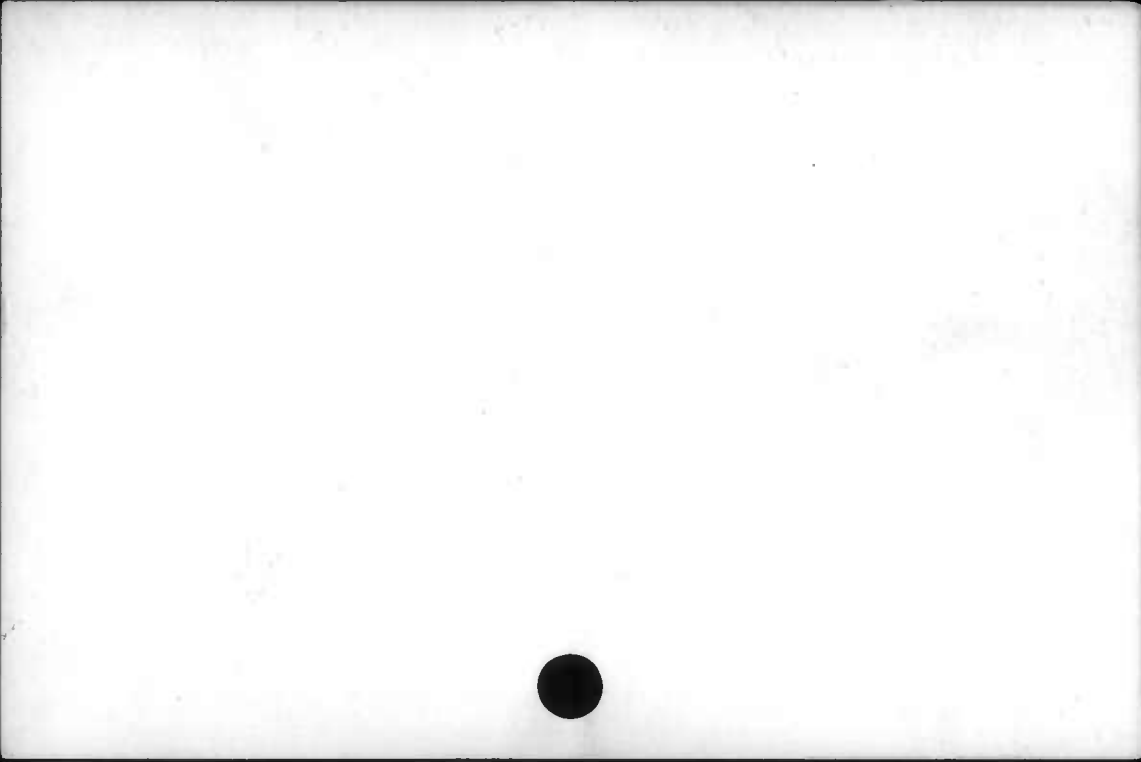
Primary **Typhoid Fever** How long **2 weeks**

Immediate **Pneumonia** How long **7 days**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **John Purvis** Address **Annapolis Md**

Accident or Suicida **no**



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rachel Jammin

Town

County

Died at Earlight Hight

Ann Arundle

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

Sept

30

Age

38

Sex

Female

Color or
Rece

color

Birth-
place

Bendfield

Occupation

Housewife

Where Residing if not
at place of death

Earlight Hight

Married, Single
or Widowed

married

Name of Wife or
Husband

Jane Jammin

Father's
Name

Richard Harwood

Father's
Birthplace

West river

Mother's
Maiden Name

Susan Jammond.

Mother's
Birthplace

west river

Name of person giving
Information

Carrie Pindl.

How related
to deceased

sister law

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

Primary

Child Bearth

How long

12 Hours

Immediate

Hemorrhage

How long

3 Hours

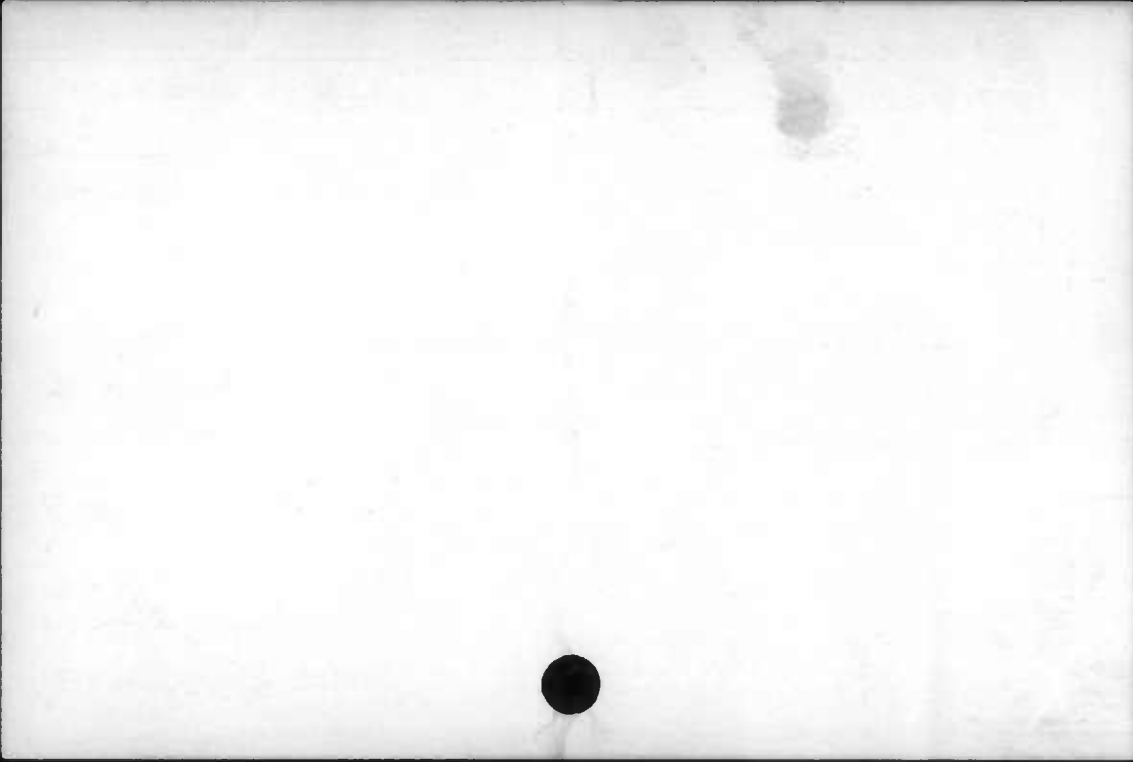
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Thomas H. Brown, M.D.

Address

Marley, C. C. Board

Accident or Suicide



Name
in
Full

Emma Johnson

CERTIFICATE OF DEATH

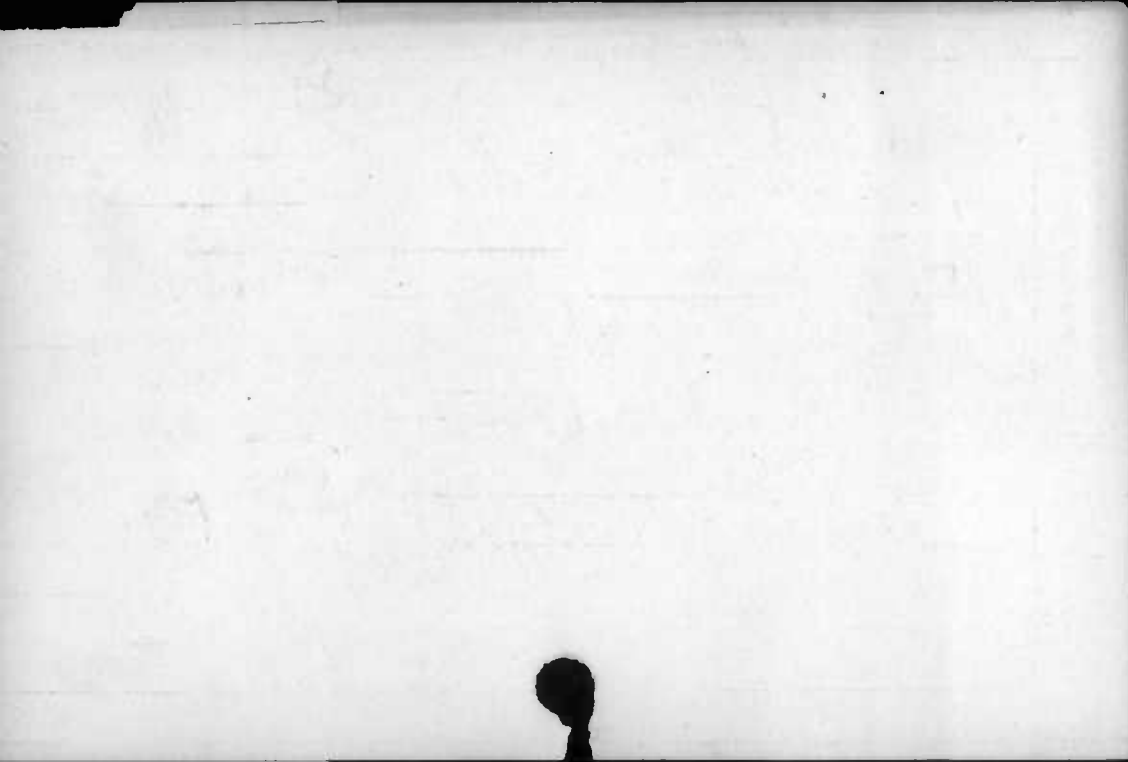
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sollicy</u> <small>Town</small>		<u>A. A.</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Year</small>	<u>Sept</u> <small>Month</small>	<u>8</u> <small>Day</small>	<u>87</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>North Carolina</u>
Occupation	<u>Housework</u>		Where Residing if not at place of death		
Married <small>Widowed</small>	Name of Wife <small>Husband</small>		<u>Henry Johnson</u>		
Father's Name	<u>John Knoche</u>		Father's Birthplace	<u>Unknown</u>	
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace	<u>Unknown</u>	
Name of person giving information	<u>Enoch Johnson</u>		How related to deceased	<u>Son</u>	

20

CAUSES OF DEATH

Primary	<u>General Paralysis</u>	How long	<u>5- days</u>
Immediate	<u>Heart Failure</u>	How long	<u>at once</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Thos. B. Horton M.D.</u>	
		Address	
		<u>So. Baltg. Md.</u>	
<u>Accident or Suicide</u>			



Name
in
Full

Pearl Ola Johnson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Annapolis* ^{Town} *A-A-* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *Sept* ^{Day} *30* Age ^{Years} *1* Months *3* Days *—*

Sex *Female* Color or Race *Colord* Birth-place *Annapolis*

Occupation *—* Where Residing if not at place of death *28 Monument St*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Charles Johnson* Father's Birthplace *Annapolis*

Mother's Maiden Name *Bertha Hunt* Mother's Birthplace *St. Margarets Md*

Name of person giving Information *Bertha Hunt Johnson* How related to deceased *Mother*

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary *Bronchitis* How long *4 days*

Immediate *Heart Failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Ambrose Garcia M.D.* Address *34 Second St*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

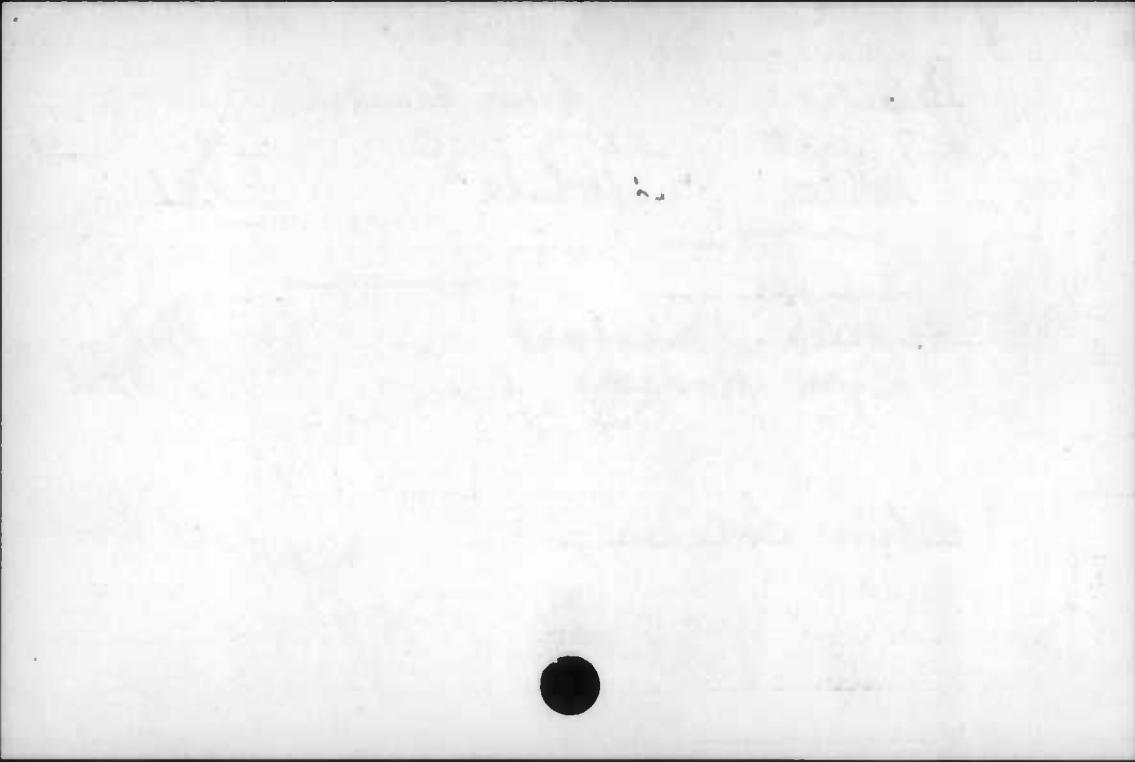
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing If not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name
in
Full

Gravers Manifested.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Nutwizee</u> <small>Town</small>		<u>June</u> <small>County</small>		<u>ARMED</u> <small>MARYLAND</small>	
Date of death 190 <u>9</u> <small>Month</small>		<u>22</u> <small>Day</small>	Age <u>0</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>4</u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ind.</u>	
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Andrew</u>		<u>Manifested</u>		Father's Birthplace <u>Ind.</u>	
Mother's Maiden Name <u>Eva</u>		<u>Rodgers</u>		Mother's Birthplace <u>Ind.</u>	
Name of person giving Information <u> </u>			How related to deceased <u> </u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>one week</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. H. Perrie</u>
	Address <u>McKendree</u>
Accident or Suicide <u> </u>	<u>Ind.</u>



Name
in
Full

William Marsellas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fair Haven Town Anne Arundel County MARYLAND

Date of death 1909 Sept. 22 Age 25 Months Days

Sex Male Color or Race White Birth-place Ind.

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Marsellas Father's Birthplace Va.

Mother's Maiden Name Mary Margness Mother's Birthplace Ind.

Name of person giving Information Harry Marsellas How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever How long 3 weeks.

Immediate How long

Are the name, age, sex, color, data and place correctly given above? Yes Signature of Physician A. H. Perni

Address McKendree, Ind.

Accident or Suicide



Name
In
Full

Erina Baldwin Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

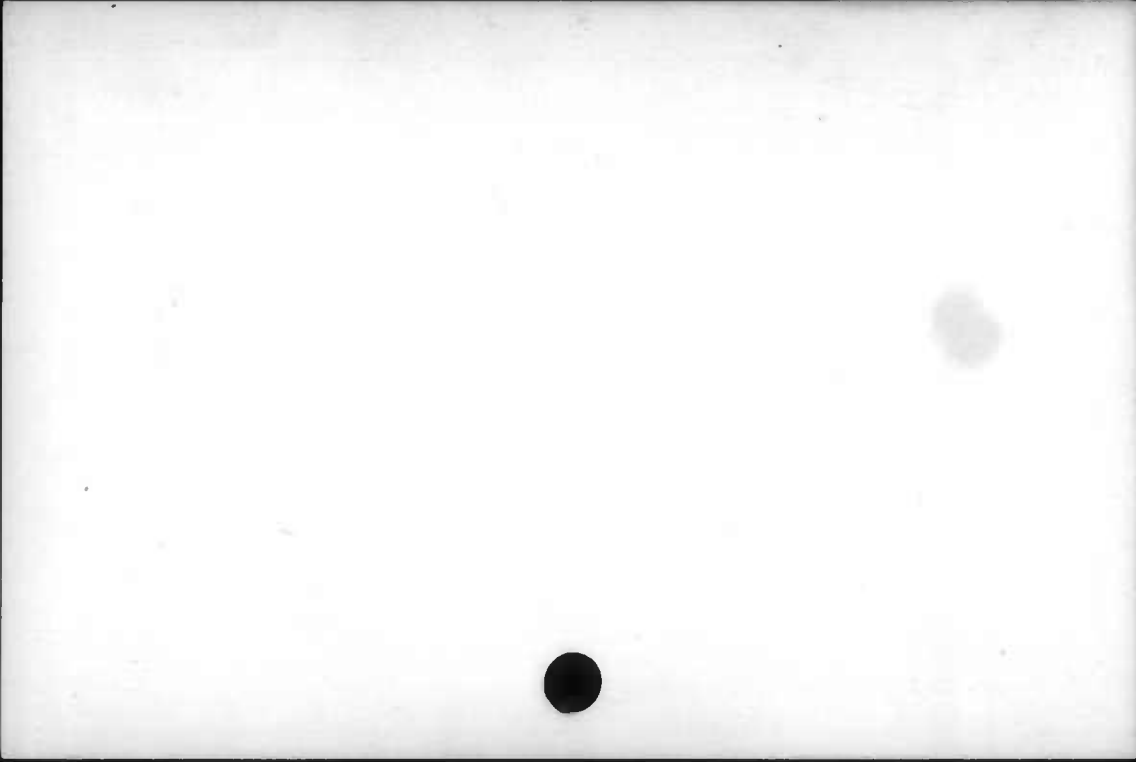
Died at <u>East Port</u> ^{Town}		<u>A. A.</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>Sept</u> ^{Day} <u>19</u> ^{Year}		Age <u>—</u>		Months <u>2</u> Days <u>3</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>A. A. Co. Md.</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>William B. Marshall</u>		Father's Birthplace <u>A. A. Co. Md.</u>			
Mother's Maiden Name <u>Annice Farr</u>		Mother's Birthplace <u>Baltimore Md.</u>			
Name of person giving Information <u>William B. Marshall</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Malnutrition</u>	How long <u>2 months</u>
Immediate <u>Acute Colitis</u>	How long <u>4 or 5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Oliver Puran</u>
	Address <u>Acme of Pur</u>
Accident or Suicide <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Robert Marshall*
Town *East Port* County *A. Ct. Co*Date of death 190 *9* Sept *12* Age *—*
Month Day Years Months DaysSex *Male* Color or Race *White* Birth-place *A. Ct. Co Md*Occupation *None* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *William Marshall* Father's Birthplace *A. Ct. Co Md*Mother's Maiden Name *Annie Parr* Mother's Birthplace *Baltimore Md*Name of person giving Information *William B. Marshall* How related to deceased *Father*

CAUSES OF DEATH

Primary *Dis. Colitis* How long *4 or 5 days*Immediate *"* How long *"*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicidal *No*PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Marice Mathews* Town *Friendship* County *A. A.*

Died at *Friendship* Month *Sept* Day *15* Age *8* Months Days

Date of death *1909*

Sex *Female* Color or Race *Colored* Birth-place *Baltimore*

Occupation *School girl* Where Residing if not at place of death *Baltimore*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Mathews* Father's Birthplace *Ind*

Mother's Maiden Name *Maggie Thomas* Mother's Birthplace *Ind*

Name of person giving Information *Benj Coates* How related to deceased *Uncle*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *Two weeks*

Immediate *Collapse and Heart Failure* How long *Two days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *L. Brayshaw*

Address *Friendship Ind*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

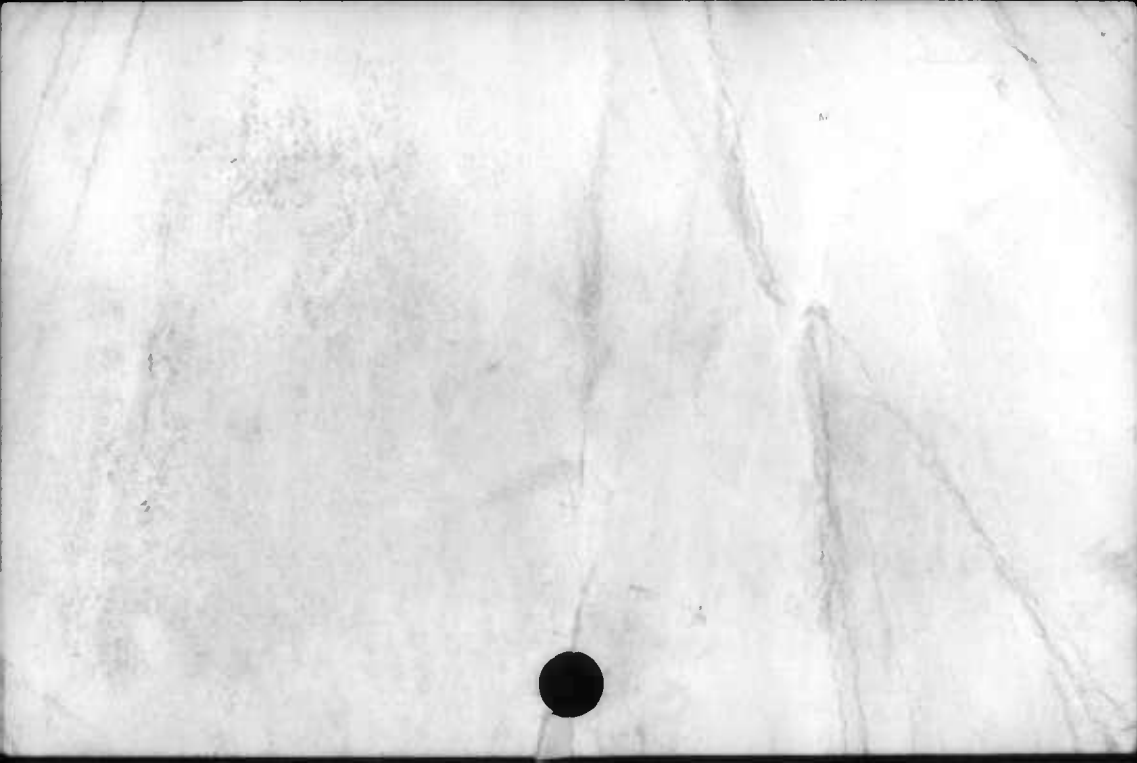
Matthew Steel born
Town *Ann Arbor* County *Ann Arbor* **MARYLAND**
Died at *Ann Arbor*
Date of death 190 *9* Sept *11* Age *33* Months *11* Days *11*
Sex *Male* Color or Race *Colored* Birth-place *St. Monmouth*
Occupation _____ Where Residing if not at place of death *St. Monmouth*

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Arthur Matthews* Father's Birthplace *West River*
Mother's Maiden Name *Eva Parker* Mother's Birthplace *Ann Arbor*
Name of person giving Information *Eva Matthews* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Steel Born* How long *8*
Immediate *Heart Failure* How long _____
Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician *Wm S. Welch, M.D.*
Address *St. Monmouth*
Accident or Suicide _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lillian Maynardier Murrikan</i>		Town <i>Annapolis</i>		County <i>Ches</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Month <i>Sept</i>		Day <i>8</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>8</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		Days <i>9</i>	
Occupation <i>None</i>				Where Residing if not at place of death <i>None</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Zack Murrikan</i>				Father's Birthplace <i>A. A. G. Md</i>			
Mother's Maiden Name <i>Virginia Lates</i>				Mother's Birthplace <i>A. A. G. Md.</i>			
Name of person giving Information <i>Zack Murrikan</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Acute Dis. colitis</i>		How long <i>One week</i>	
Immediate <i>Eclampsia</i>		How long <i>Suddenly</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Kephner</i>	
		Address <i>Annapolis Md</i>	
<input checked="" type="checkbox"/> Accident or Suicide			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *So. Baltg*

Town

County

Date

of death

1909

Month

Sept

Day

5

Age

Years

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*So. Baltg, Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Jos. Moncarvitch*Father's
Birthplace*Russia*Mother's
Maiden Name*Helena Zincarvitch*Mother's
Birthplace*Russia*Name of person giving
information*Jos. Moncarvitch*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Still born

How long

Immediate

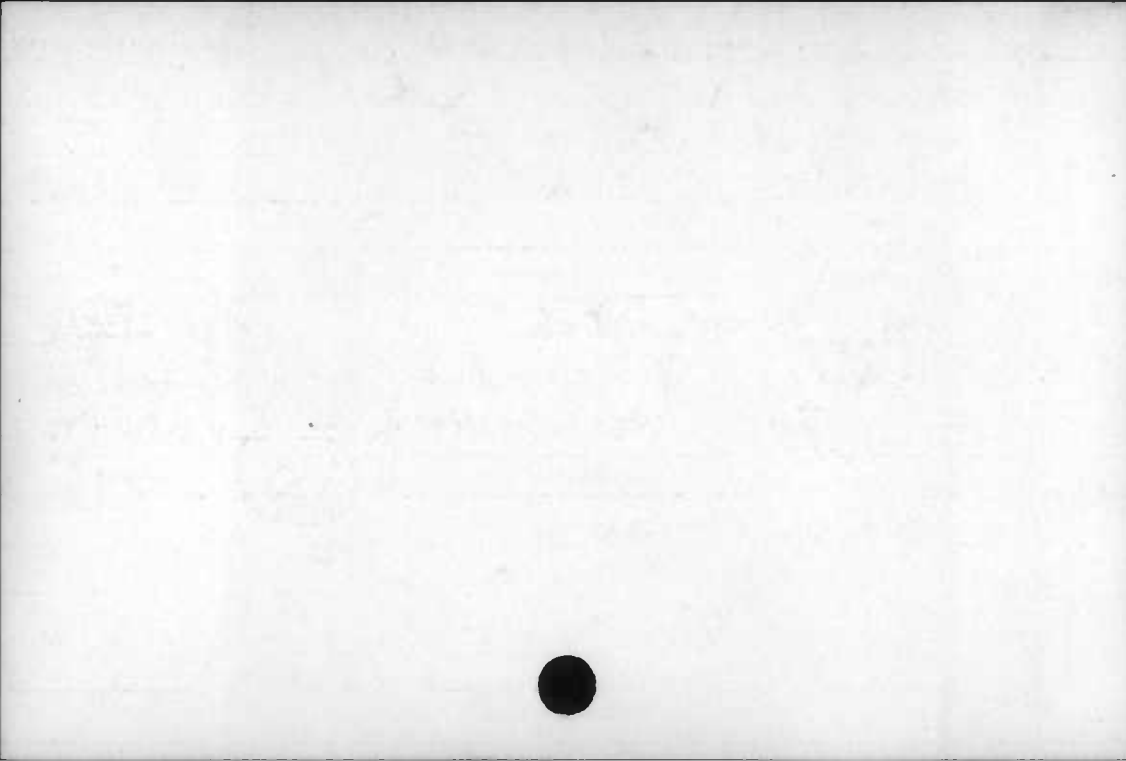
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Thos. B. Horton M.D.
So. Baltg. Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Andrew Parker

Town

County

MARYLAND

Died at

Annapolis

St. St.

Date

of death 1909

Month

Sept

Day

2

Years

Age

46

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

St. St. Co Md

Occupation

Stable Man

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Priscilla Parker

Father's
Name

Elisha Parker

Father's
Birthplace

St. St. Co. Md

Mother's
Maiden Name

Charlotte

Mother's
Birthplace

" " "

Name of person giving
Information

John Parker

How related
to deceased

Nephew

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Kick in abdomen from a horse

How long

27 hours

Immediate

Peritonitis

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

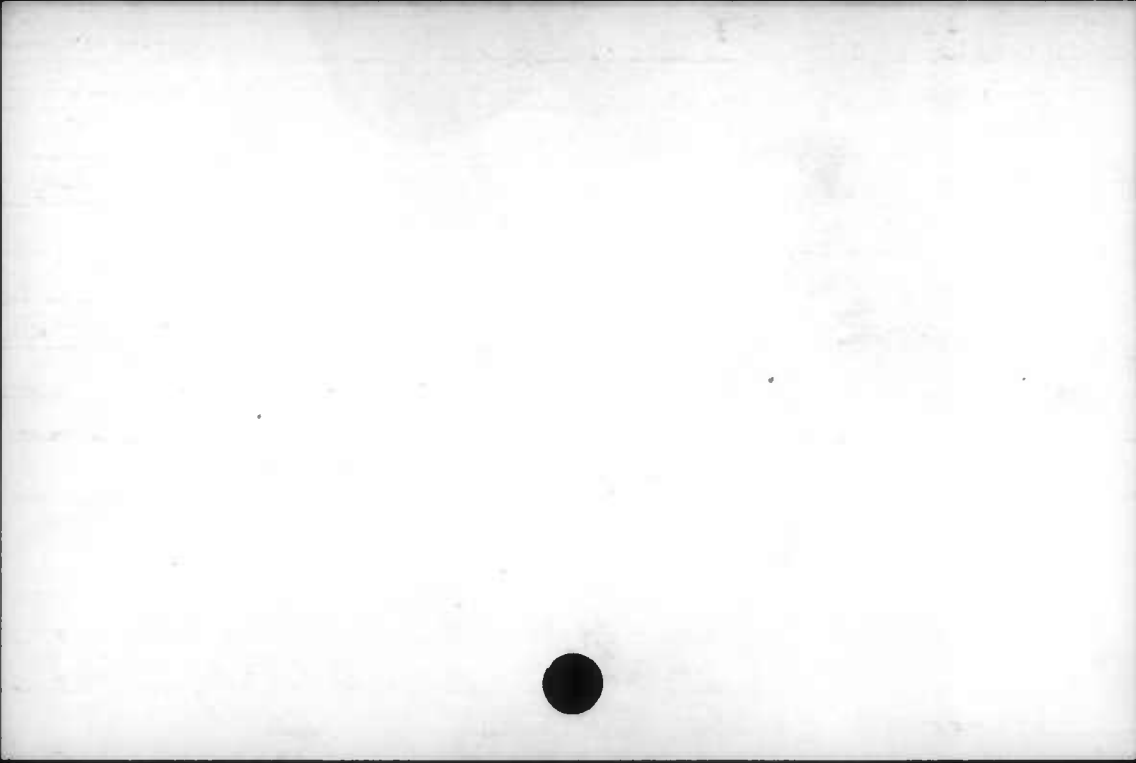
J. S. Welch H. O.

Address

Annapolis

Accident or Suicide

Accident



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

See Edward Phipps

Town *German Lower* County *Ch. St.* MARYLAND

Died at *German Lower*

Date of death 190 *9* Month *Sept* Day *14* Age *4* Years Months *7* Days *19*

Sex *Male* Color or Race *White* Birth-place *East Port Md.*

Occupation *Child* Where Residing if not at place of death *German Lower, Md.*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Thomas S. Phipps* Father's Birthplace *Ch. St. Md.*

Mother's Maiden Name *Mrs. C. Baker* Mother's Birthplace *Md.*

Name of person giving Information *Thomas S. Phipps* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Laryngeal diphtheria,* How long *36 hrs.*

Immediate *Asphyxia* How long *10 hrs.*

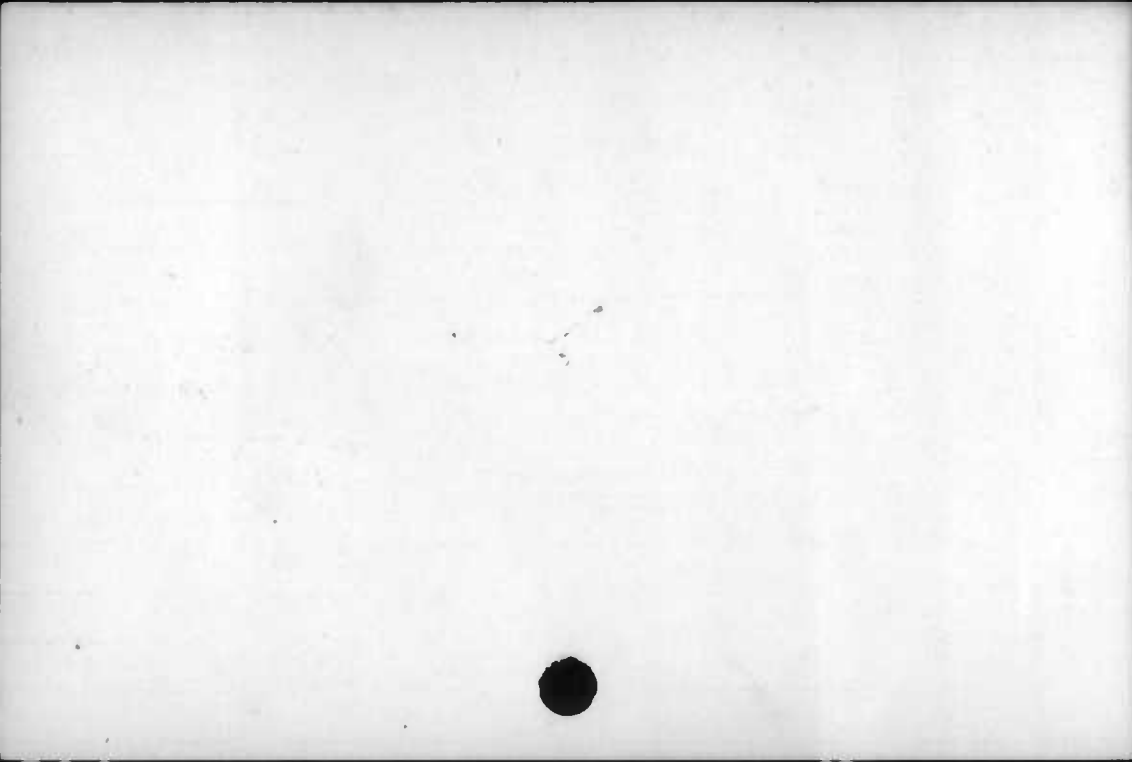
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Louis B. Lucke* Address *Annapolis, Md.*

Accident or Suicide *Neither.*



Name in Full		Victoria Postolowicz				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		So. Balt ^{Town} - Md ^{County}		MARYLAND		
		Date of death		1909	Sept	26	Age	1
				Month		Day		Years
				Months		Days		
		Sex	Female		Color or Race	white		
		Birth-place	South Baltimore, Md					
		Occupation	—		Where Residing if not at place of death			
		Married, Single or Widowed		—		Name of Wife or Husband		
		Father's Name		Mike Postolowicz		Father's Birthplace		
		Mother's Maiden Name		Catherine Postolowicz		Mother's Birthplace		
		Name of person giving information		Catherine Postolowicz		How related to deceased		
						mothers		
23		CAUSES OF DEATH				105		
PHYSICIAN OR CORONER		Primary		Enterocolitis		How long		
						one week		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
						Address		
						So. Balt ^{Town} - Md ^{County}		
		Accident or Suicide?		—				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

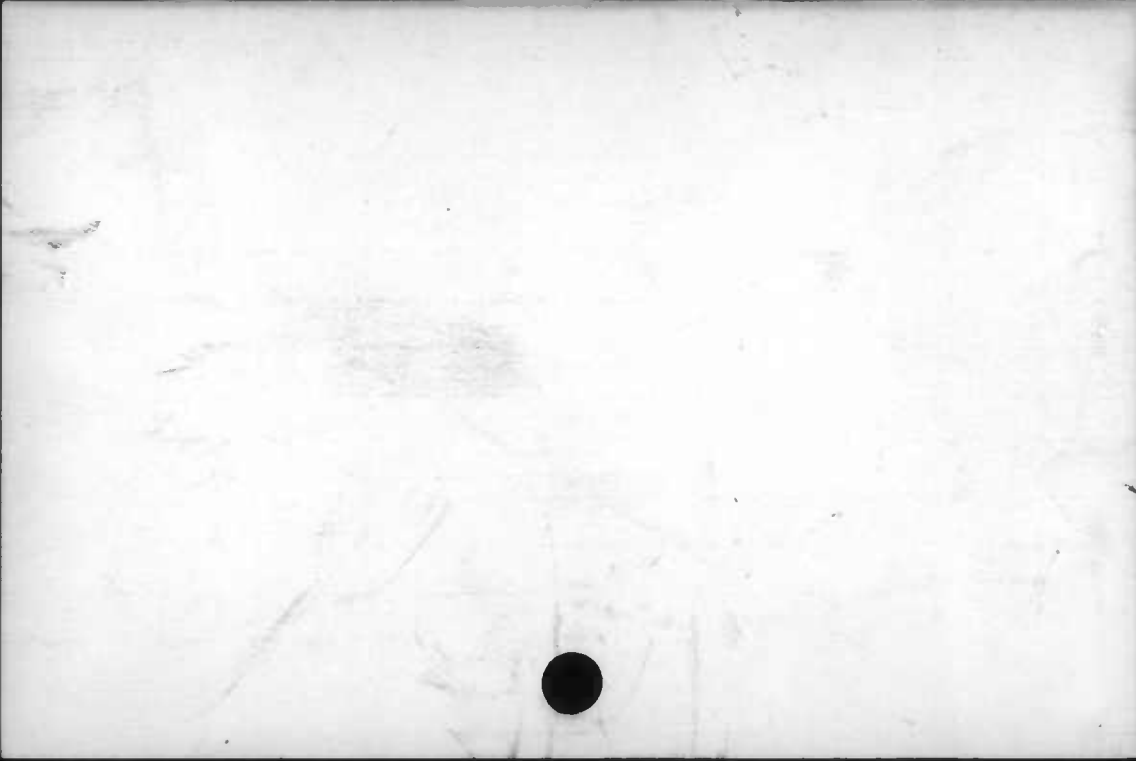
Name <i>Maria Price</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at		Month <i>Sept</i>		Day <i>11</i>		Years <i>3</i>	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>11</i>		Age <i>3</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth place <i>159 South St. Annapolis</i>			
Occupation				Where Residing if not at place of death			
Married, Single <i>Infant</i> or Widowed				Name of Wife or Husband			
Father's Name <i>George Price</i>				Father's Birthplace <i>Ala Ala Mo</i>			
Mother's Maiden Name <i>Georgiana Johnson</i>				Mother's Birthplace <i>Annapolis</i>			
Name of person giving Information <i>George Price</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Catarrh</i>	How long	<i>Over week</i>
Immediate	<i>Convulsions</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>P. P. Reeves</i>	
		Address <i>60 Cathedral St. Annapolis Md</i>	
Accident or Suicide <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

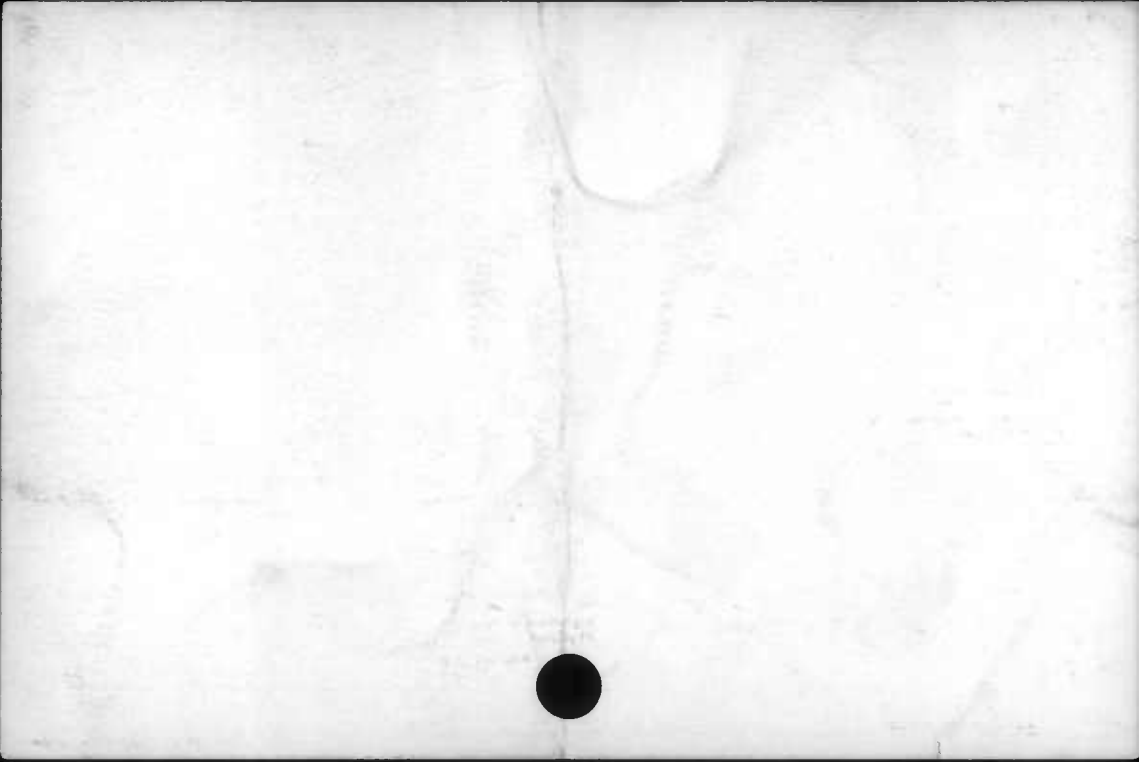
TO BE ANSWERED BY
NEAREST FRIEND

Name *Geo M. Roper*
Town *South Baltimore* County *Anne Arundel* MARYLAND
Died at
Date of death 1909 *Sept 4* Month *4* Day *4* Age *18* Years *11* Months *29* Days
Sex *Male* Color or Race *White* Birth-place *Baltimore Md*
Occupation *Painter* Where Residing if not at place of death *4022 Grindall St*
Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *Wm M. Roper* Father's Birthplace *Virginia*
Mother's Maiden Name *Tudie Keene* Mother's Birthplace *Dorchester*
Name of person giving Information *Tudie Roper* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Immediate *Accidentally shot* How long
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John Potter Armer*
Address *Brooklyn GAC Maryland*
Accident or Suicide *Accident*



Name
in
Full

Sophie Marie Ross

CERTIFICATE OF DEATH

Town

County

Died at

Brooklyn

Anne Arundel

MARYLAND

Date

of death 1909

Month

September

Day

5

Years

Age

28

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House-wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Charles C. Ross.

Father's
Name

Herman Stoll

Father's
Birthplace

Germany

Mother's
Maiden Name

Sophie Stoll

Mother's
Birthplace

Turkey

Name of person giving
Information

Sophie Stoll

How related
to deceased

Mother

CAUSES OF DEATH

79

Primary

Organic Disease of heart not known

How long

Immediate

Congestion of lungs 2 days

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

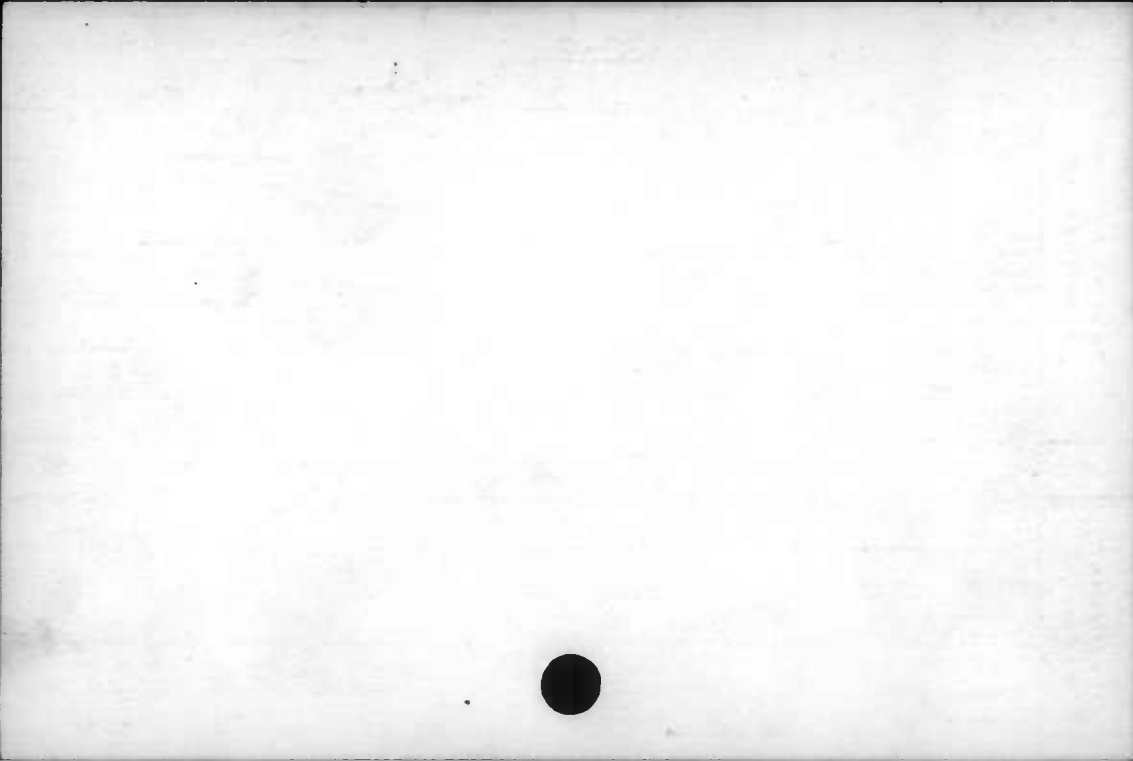
Samuel A. Bain

Address

937 Madison Ave

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Johanna Schmidt.

CERTIFICATE OF DEATH

Died at *Summit Grove on Stony Creek*, *Anne Arundel*, **MARYLAND**Date of death *1909 Sept 30* - Age *74* -Sex *Female* - Color or Race *White* - Birthplace *Germany*Occupation *Housewife* - Where Residing if not at place of deathMarried, Single or Widowed *Widowed* - Name of Wife or Husband *John Henry Schmidt*Father's Name *Unknown* - Father's Birthplace *Germany*Mother's Maiden Name *Unknown* - Mother's Birthplace *Germany*Name of person giving Information *Mrs. Mollie Weedon* - How related to deceased *Daughter*

CAUSES OF DEATH

13

Primary *Senile Debility* - How long *2 years*Immediate *Cholera Morbus* - How long *7 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *James S. Billingshaw M.D.*

Address

*Clraton R. F. D. #1*Accident or Suicida *No**Mod.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Not Named Sellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} West River ^{County} Anne Arundel
Date of death 1909 ^{Month} Sept ^{Day} 13 ^{Age} ^{Years} ^{Months} 5 ^{Days} —
Sex Female **Color or Race** Colored **Birth-place** AAC, Md
Occupation **Where Residing if not at place of death**

Married, Single or Widowed — **Name of Wife or Husband** —

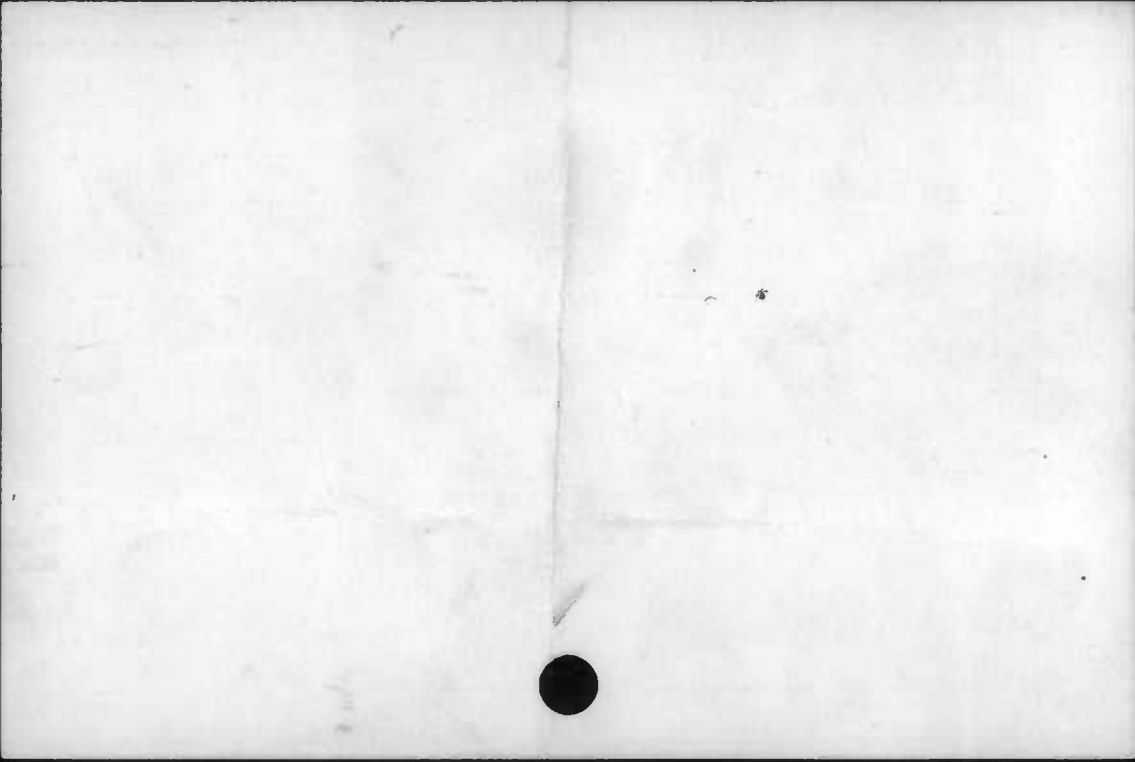
Father's Name John Ed. Sellman **Father's Birthplace** AAC, Md
Mother's Maiden Name Annie Parker **Mother's Birthplace** AAC, Md
Name of person giving information John Ed. Sellman **How related to deceased** Father

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary Not Known **How long** Don't know
Immediate Sudden death, Don't know **How long** 2 Minutes
Are the name, age, sex, color, date and place correctly given above?
 Yes **Signature of Physician** Maclean Cawood MD
Address West River Md
Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

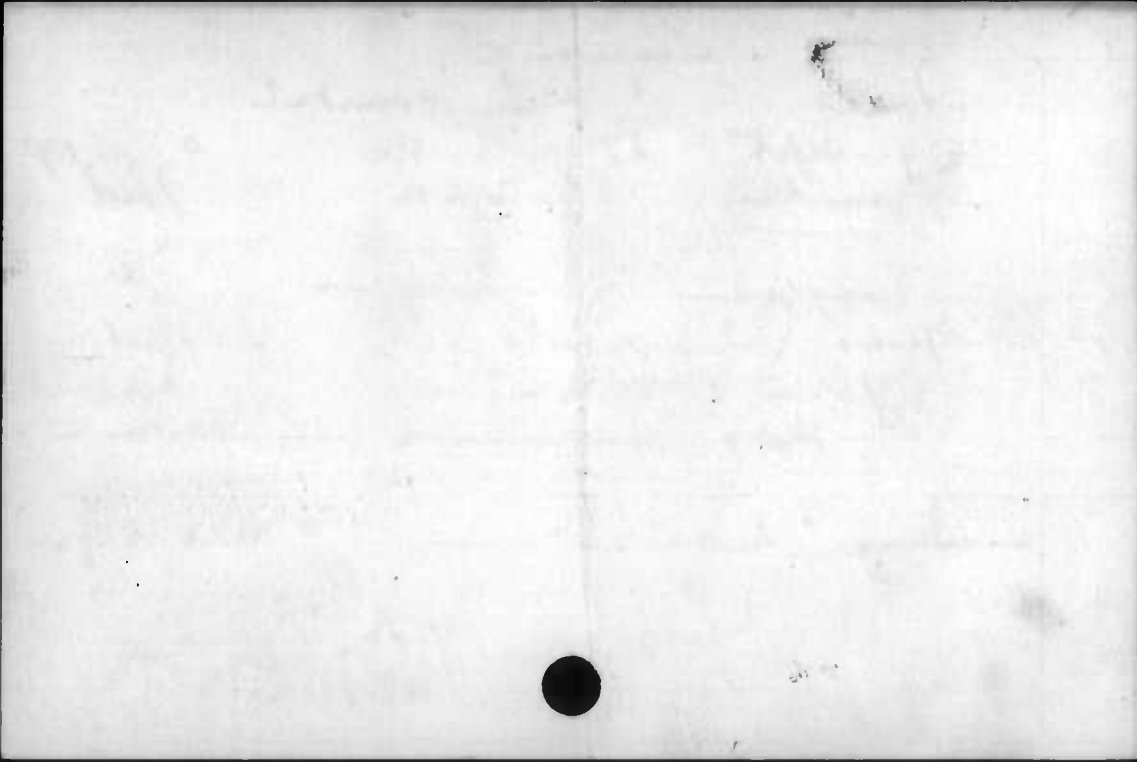
Died at <i>Crutts Bay</i>		Town <i>Crutts Bay</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1909 Sept 6</i>		Month <i>Sept</i>		Day <i>6</i>		Age <i>20 1/2</i> Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>House</i>		Where Residing if not at place of death <i>Crutts Bay Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jacob Shaffer</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mary Shaffer</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Mother</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonalis</i>	How long <i>8 to 9 months?</i>
Immediate <i>Hypostatic Pneumonia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William D. Smith M.D.</i>
	Address <i>102 E. Madison Ave., Baltimore, Md.</i>
Accident or Suicide? <i>No</i>	



NAME in Full		LEVIN L. SHORT				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Adenton</u>		Town		<u>Anne Arundel</u>		County		MARYLAND	
	Date of death <u>1909</u>		Month <u>9</u>		Day <u>28</u>		Age <u>63</u>		Years <u>5</u> Months <u>—</u> Days <u>—</u>	
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>					
	Occupation <u>Farmer</u>				Where Residing if not at place of death					
	Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>A. A. Short</u>							
	Father's Name <u>William Short</u>				Father's Birthplace <u>Maryland</u>					
	Mother's Maiden Name <u>Mary Wheat</u>				Mother's Birthplace <u>"</u>					
Name of person giving information <u>Rene Short</u>		How related to deceased <u>daughter</u>								
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary <u>Cerebral Hemorrhage</u>				How long <u>4 days</u>					
	Immediate <u>Intercranial pressure</u>				How long <u>4 days</u>					
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>R. A. Hammond,</u>					
					Address <u>Jessup, Ind.</u>					
	Accident or Suicide? <u>No</u>									

19.

Name
in
Full

CERTIFICATE OF DEATH

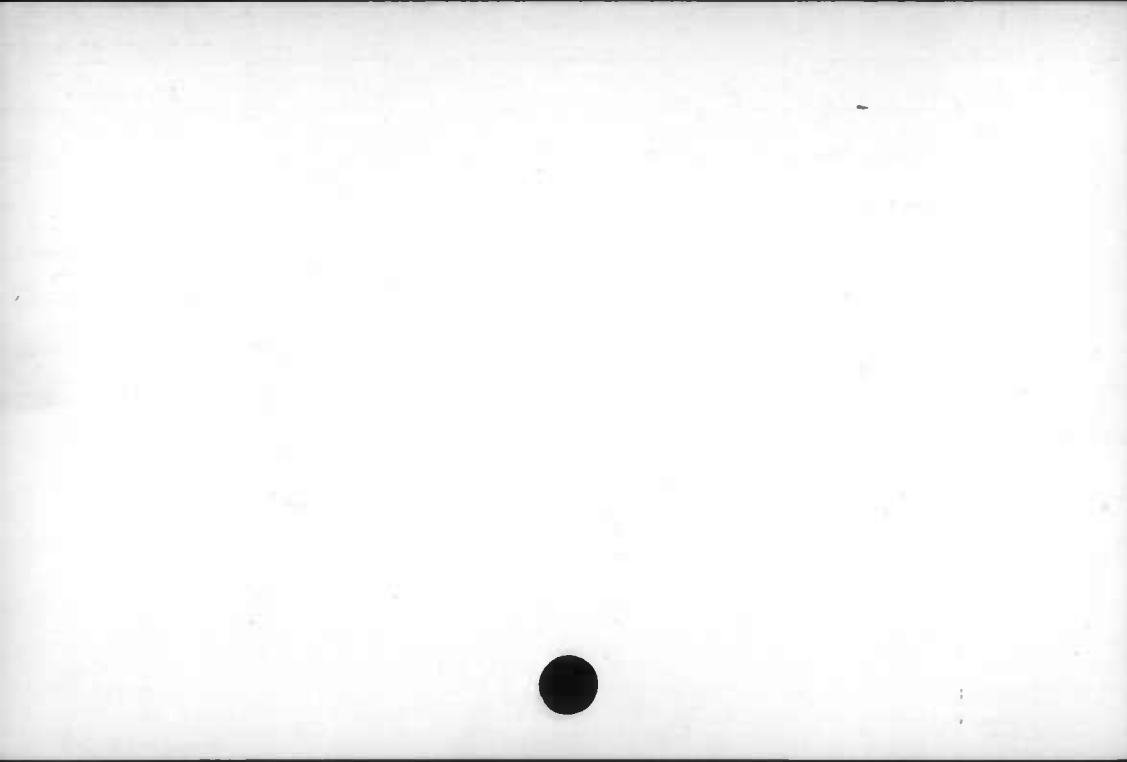
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Sept	27	0	0	14	
Sex	Female		Color or Race	Black		Birth-place	Ind
Occupation			Where Residing If not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Thos. Quinn				Father's Birthplace	Ind.	
Mother's Maiden Name	Ozella Foster				Mother's Birthplace	Ind.	
Name of person giving Information	Thos. Quinn				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition	How long	All life
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?	Yes		
Signature of Physician	A. N. Permi		
Address	McKendree Mt.		
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jennie E. Stokes.

Died at *Eastport* Town *a.a. Co.* County

Date of death 1909 *Sept 21* Month *Tuesday* Day Age *22* Years Months *5* Days *9*

Sex *Female* Color or Race *White* Birth-place *Baltimore*

Occupation *Housewife* Where Residing if not at place of death *Home*

Married, Single or Widowed *Married* Name of Wife or Husband *Samuel E. Stokes.*

Father's Name *Richard Wilson* Father's Birthplace *Annapolis*

Mother's Maiden Name *Mettie Holiday* Mother's Birthplace *Annapolis*

Name of person giving Information *Mrs Chas Steward* How related to deceased *Not related*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis of Lung* How long *18 mos*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. M. Murphy*

Address *Annapolis Md*

Accident or Suicide



Name
in
Full

Ellen Fausser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hills View Town Ches County MARYLAND

Date of death 1909 Sept Month 17 Day Age 0 Years Months 4 Days

Sex Female Color or Race Wht Birth-place W.V.

Occupation None Where Residing if not at place of death None

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Frank Fausser Father's Birthplace Europe

Mother's Maiden Name Catharine Kappeler Mother's Birthplace "

Name of person giving Information Edward Fausser How related to deceased Bro.

CAUSES OF DEATH

Primary MarasmusHow long 179 MonthsImmediate ExhaustionHow long Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. G. Ridout
Annapolis

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

Carrie Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>McKendree</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	1909	Month	Sept	Day	1
Age	0	Years		Months	5
Sex	Female	Color or Race	Black	Birth-place	Md.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Viola Taylor			Mother's Birthplace	Md.
Name of person giving Information	Caroline Cross			How related to deceased	Friend

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Broncho-pneumonia	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Davis
		Address	McKendree, Md.
Accident or Suicide			



Name in Full		Ethel H Turner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Adenton		Q. A		County	
	Date of death		1909	Sept.	27	Age	9
	Sex	Female		Color or Race	White		Birth-place
	Occupation	House		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Jno. H. Turner				Father's Birthplace	Q. A. Co. Md.
	Mother's Maiden Name	Mary E. Cowman				Mother's Birthplace	Q. A. Co. Md.
Name of person giving information	Jno. H. Turner				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	entero colitis				How long	One month
	Immediate	Exhaustion				How long	-
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				J. W. Blunt M. D.		
Address				Millersville Md.			
Accident or Suicide?							

105



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Stefa Volny* Town *So. Baltg* County *a. a.*
 Died at *So. Baltg*
 Date of death *1909 Sept 17* Age *8* Years *8* Months *—* Days *—*
 Sex *Female* Color or Race *White* Birth-place *A. A. C. Md*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *Antone Volny* Father's Birthplace *Bohemia*
 Mother's Maiden Name *Jennie Hyosky* Mother's Birthplace *Bohemia*
 Name of person giving information *Jennie Volny* How related to deceased *Mother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Entero - Colitis* How long *one week*
 Immediate *—* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. B. Norton*
 Address *So. Baltg, Md.*
 Accident or Suicide? *—*



Name
in Full

Melvin Wagner

CERTIFICATE OF DEATH

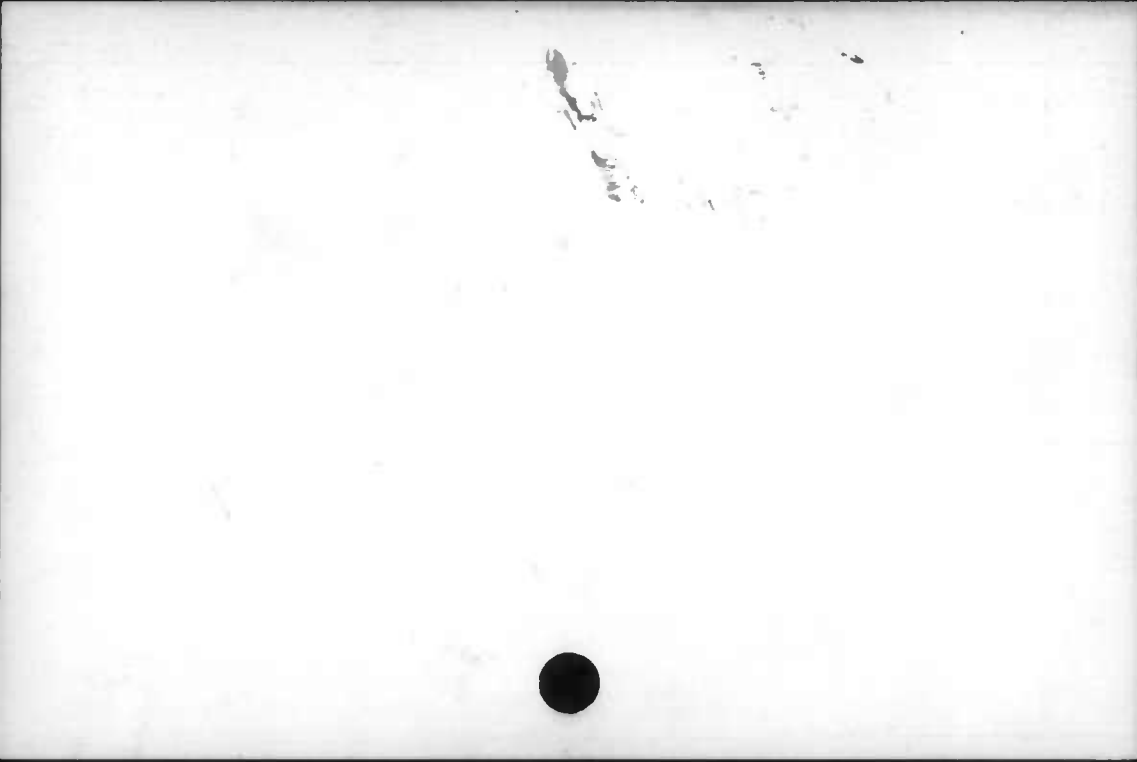
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jessup</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	11	Day	29
Age	61	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Balt
Occupation	Subgrd	Where Residing if not at place of death <u>at home 7 dent</u>			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	W. J. Brown			Father's Birthplace	
Mother's Maiden Name	W. J. Brown			Mother's Birthplace	
Name of person giving Information	Samuel Jones			How related to deceased <u>not at all</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gas entry from</u>	How long	<u>8 weeks</u>
Immediate	<u>Alcohol</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>W. J. Brown</u>	
Address	<u>Samuel Jones</u>		
Accident or Suicide	<u>Yes</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martha Wallace* Town *Pattuxent* County *a.a. Co MD*

Died at *Pattuxent* a.a. Co MD

Date of death 1909 *Sept 17* Month *Sept* Day *17* Age *16* Years *16* Months *2* Days *5*

Sex *Female* Color or Race *colored Negro* Birth-place *a.a. Co MD*

Occupation *Housework* Where Residing if not at place of death *Pattuxent a.a. Co MD*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Benjamin Wallace* Father's Birthplace *a.a. Co MD*

Mother's Maiden Name *Raley Branford* Mother's Birthplace *a.a. Co MD*

Name of person giving Information *Nathan Shortel* How related to deceased *No*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *Sept 1 until*

Immediate *Haemorrhage* How long *Sept 18-1909*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. G. W. Kennard*

Address *708 Ensor St Balto MD*

Accident or Suicide

18



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i>		County <i>a a</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Sept</i>	Day <i>10</i>	Age <i>-</i>	Months <i>-</i> Days <i>13</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Wm N. Ward</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Annie O. Tull</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Wm N. Ward</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>convulsions</i>	How long <i>1 day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. F. Brooke</i>
	Address <i>Brooklyn</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Sadie Waters

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Annapolis Md

Annapolis

Date

of death 1909

Month

Sept

Day

1

Years

17

Months

6

Days

md

Age

Sex

female

Color or
Race

Colored

Birth-
place

Annapolis Md

Occupation

Where Residing If not
at place of death

Calvert St

Married, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

John Waters

Father's
Birthplace

Eastern Shore Md

Mother's
Maiden Name

Julia Johnson

Mother's
Birthplace

Southern Md

Name of person giving
Information

Julia Johnson

How related
to deceased

mother

CAUSES OF DEATH

179

Primary

Marasmus

How long

Since Birth

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

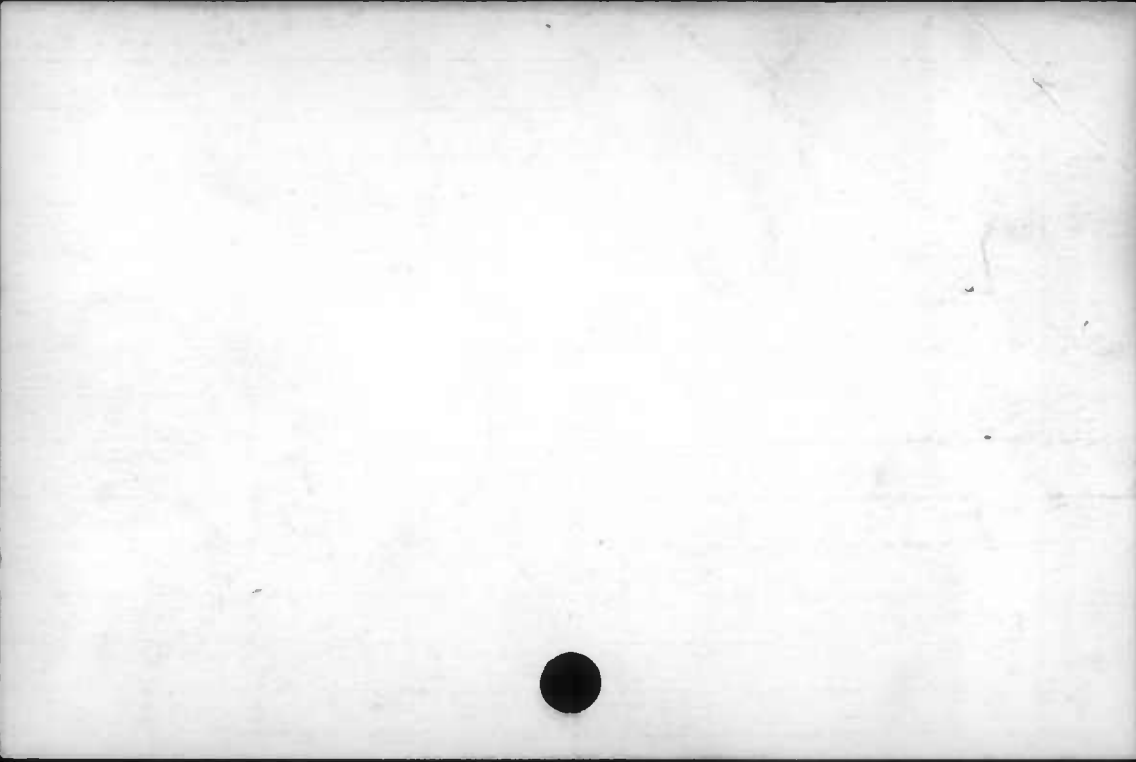
Address

yes

John Ridout
Annapolis
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alberta L. White

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at annapolis md

a. a. co

Date

of death 1909

Month

Sept

Day

9

Years

Age 1 yr

Months

8 no

Days

Sex

female

Color or
Race

colored

Birth-
place

annapolis md

Occupation

Where Reaiding if not
at place of death

18 Glay st

Married, Single
or Widowed

single

Name of Wife or
HuabandFather's
Name

George White

Father's
Birthplace

annapolis md

Mother's
Maiden Name

Lillian Gaires

Mother's
Birthplace

annapolis md

Name of person giving
Information

Lillian White

How related
to deceased

mother

CAUSES OF DEATH

179

Primary

Marasmus

How long

Months

Immediata

Ischemia

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

ye

Signature of
Physician

Ambrose Garcia M.D.

Address

34 Second St

Accident or Suicide

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Don. Kean

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jeremiah Wood
Died at *East Port* *ct. ct*
Town County

MARYLAND

Date of death *1909* *Sept* *26* Age *44*
Month Day Years

Month Days

Sex *male* Color or Race *White*

Birth-place *Calvert to Md*

Occupation *Carpenter*

Where Residing if not
at place of death

Married, Single
or Widowed *Single*

Name of Wife or
Husband *None*

Father's
Name *William Wood*

Father's
Birthplace *Calvert to Md*

Mother's
Maiden Name *Unknown*

Mother's
Birthplace *Unknown*

Name of person giving
Information *Maurice Meade*

How related
to deceased *friend*

CAUSES OF DEATH

Primary *Tuberculosis lungs*
Immediate *27 hours later*

(27)
How long *2 yrs.*
How long

Are the name, age, sex, color, date
and place correctly given above? *yes*

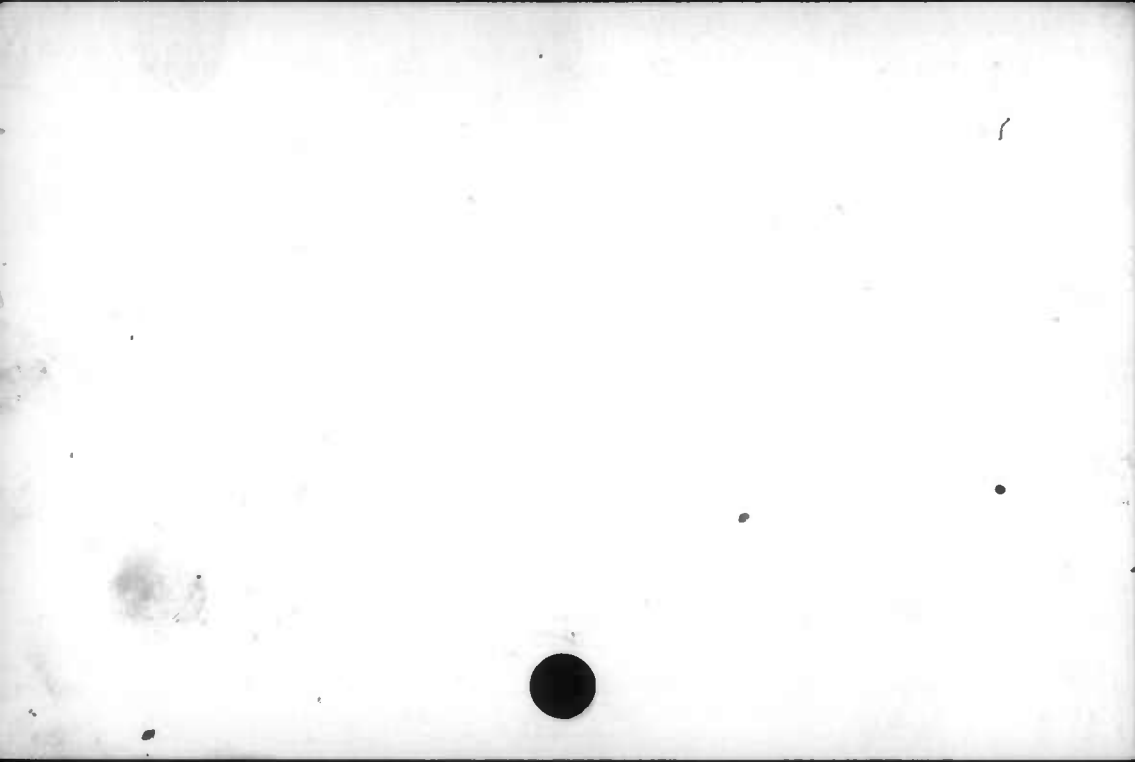
Signature of
Physician

Address

J. Murphy
Armadillo

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Eliza Woolsten

Town

County

MARYLAND

Died at

Friendship

A. 9

Date

of death

1909

Month
SeptDay
4

Age

Years

68

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Domestic

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Edward Woolsten

Father's
Name

Philip Jackson

Father's
Birthplace

Md

Mother's
Maiden Name

M. McKenyon

Mother's
Birthplace

D. C. Md

Name of person giving
Information

Carles Maynard

How related
to deceased

Friend

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

Five hours

Immediate

Heart Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

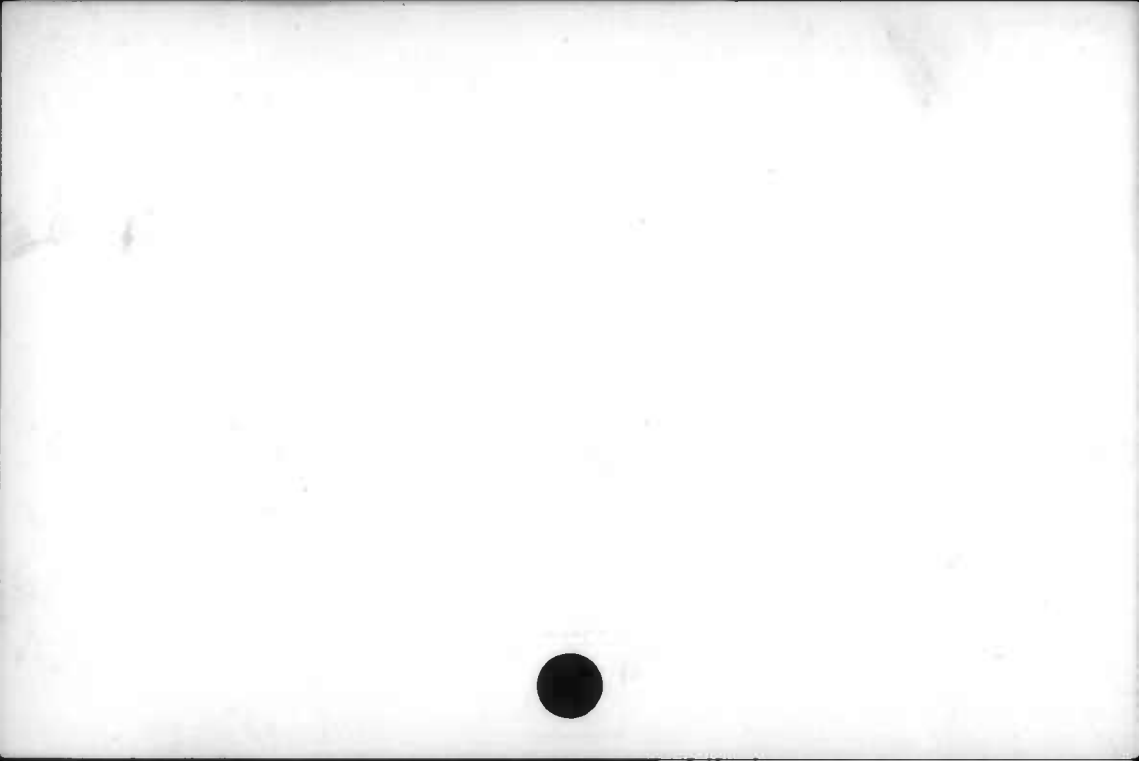
Signature of
Physician

Address

L. Brayshaw
Friendship
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary E. Wright* Town *Ad.* County *Ad.*

MARYLAND

Died at *3 hrs* Month *Sept* Day *14* Years *23* Months DaysDate of death 190 *7* Age *23*Sex *Female* Color or Race *Colored* Birth-place *A.A.Co. Md.*Occupation *Home Sewer* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Alexander Wright*Father's Birthplace *Annapolis Md.*Mother's Maiden Name *Louise Walker*Mother's Birthplace *A.A.Co. Md.*Name of person giving Information *S.R. Colbert*How related to deceased *Nephew*

CAUSES OF DEATH

29

Primary *Tuberculosis (lungs)*How long *2 years*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. S. Aidout
Annapolis Md.
2.2 S. Md.

Accident or Suicide

PHYSICIAN
OR CORONER

